SOCIAL WORK PRACTICE, 1967

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SELECTED PAPERS, 94TH ANNUAL FORUM

NATIONAL CONFERENCE ON SOCIAL WELFARE

DALLAS, TEXAS, MAY 21–MAY 26, 1967

The National Conference on Social Welfare

THE NATIONAL CONFERENCE ON SOCIAL WELFARE is a voluntary organization of individual and organizational members whose major function is to provide a national forum for the critical examination of basic problems and issues in the social welfare field.

These annual forums furnish a two-way channel of communication between paid and volunteer workers, between social welfare and allied fields, and between the service organizations and the social work profession.

Since 1874, through its annual forums and its comprehensive publications program, the National Conference has reflected the history and dynamic development of social welfare in this country. Its national office serves as headquarters for state conferences in social welfare; as the secretariat for the United States Committee of the International Council on Social Welfare; and as a clearinghouse for educational materials for use on a local, state, national, and international level.

Among the newer services developed by the Conference in recent years are its insurance program and information services, including a library of unpublished Annual Forum manuscripts; its document retrieval program of which the data-processed production of the *KWIC INDEX* of its publications since 1874 is a part; and its selected bibliography service.

Foreword

Major and rapid social changes seem to be the only constant in our society in recent years. The changes have required careful and critical reappraisal of social work practice and have stimulated many innovations. The functions of social work are broadening, the degree and scope of competence needed for practice are increasing, and the "delivery of service" is changing. All these developments were highlighted at the 94th Annual Forum of the National Conference on Social Welfare and are reflected in the papers selected for this volume.

Social Work Practice, 1967 includes papers dealing with new models for social work practice, each of the three basic social work methods—casework, community organization, and group work—as well as policy formulation and research, and their application to different problems and settings.

The Social Welfare Forum, 1967, the companion volume, consists of other papers from the Forum which present and analyze key trends, issues, programs, and proposals in social welfare, and especially those related to "Humanizing the City," which was the theme of the 1967 Annual Forum held in Dallas, Texas.

The first paper in this practice volume, written by Werner Boehm, presents new insights and suggestions for looking at social work practice. The next three papers deal in depth with each of the basic methods of social work. Briar summarizes and analyzes the current criticism of the social casework method; Feldman takes a comprehensive look at social group work intervention; while Perlman and Gurin present an up-to-date formulation of community organization practice based on the findings of a major community organization curriculum development project. The

next two papers, by Specht and Holmes, highlight the role of the social caseworker in policy formulation and the relationship of research to practice. All six papers are evidence of the profession's efforts to evaluate its knowledge, competence, and ways of providing service and leadership, to refine them and add to them, in order to deal more effectively with present and future needs and potentials.

The next group of papers describe new programs and new ways of providing old services, in both traditional and new settings, to deal with existing and emerging problems. Bernice Boehm describes the inadequate family and services for child neglect; Shoemaker provides an overview of the use of group work in public welfare programs; and Shapiro presents an example of group work practice with slum hotel residents. A casework agency program with high-risk young families is described by Brown; labor's role in mental health developments is highlighted by Weiner; and an example of comprehensive educational services for unmarried mothers is presented by Reynolds.

The last three papers are different in content and focus from other papers in this volume which focus on social work methods and programs. The paper by Garland and Kolodny presents new knowledge and insights on the well-known phenomenon of scapegoating. The information will be of interest and value to all social workers regardless of their method concentration or the setting in which they practice. Shaffer analyzes the current developments in welfare rights organization and presents the views of those who consider them a positive influence and of those who believe that they have a negative influence. A glimpse into the possible nature of providing social services and the changing role of the social worker in the decades ahead is provided by the article on automation by Harris.

This year there were more papers worthy of publication than in the past few years. This made the task and responsibility of the editorial committee even more difficult than they always are. It was not possible to include in one volume all the many interesting and important practice papers presented at the Forum. The Editorial Committee read every paper and considered each one

carefully. All final selections were unanimous. Priority was given to papers which provided broad overviews, were based on research, included new insights and/or described innovative practice or settings not frequently or recently covered in the professional literature. Where more than one paper describing the same or similar problem or setting was available, only one was chosen. Outstanding papers which could not be published will be abstracted and published in the Summer issue of the *Conference Bulletin*. Many papers were referred to other journals.

I am personally most grateful to Malvin Morton, who helped to make the difficult task of selection more challenging and satisfying. We were saddened by the death, shortly before the Forum, of Roger Cumming, who was to serve as a member of our committee. Special thanks are due to Sara Lee Berkman, of the Conference staff in New York City, who was of great help to us, to Mrs. Dorothy Swart, representative of Columbia University Press and editor of this volume, and to Joe R. Hoffer and Mrs. Mabel Davis, of the Conference staff in Columbus, Ohio, all of whom assisted the committee in many important ways.

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Contents

Abstracts

BOEHM, BERNICE
  "Protective Services for Neglected Children"
Findings of a research project in the Twin Cities. The part played by
the community in determining the need for intervention. Character-
istics of families referred for protective services. Basic factors in place-
ment decision and plans. The role of models for family behavior. Serv-
ice implications.

BOEHM, WERNER W.
  "Toward New Models of Social Work Practice"
The twin functions of social work: change in interpersonal situations
and change in the social resource structure. The meaning of change in
both social and societal intervention, and the characteristic professional
activities of each. The target population. Implications for practice and
education.

BRIAR, SCOTT
  "The Current Crisis in Social Casework"
Criticisms of casework: (1) it does not solve massive social problems
(it was not designed to); (2) it is ineffective. The latter attack is based
on the overemphasis on the therapeutic phase, which should be coun-
terbalanced by stressing innovation and by reviving the "broker" and
the "advocate" functions. The importance of research.

BROWN, JANET S.
  "Family Life Education for High-Risk Young Families"
An experimental program of the Community Service Society of New
York City. Agency perspective. The project: education of low-income
expectant parents. A discussion of the group meetings and their prob-
lems, plus several innovations. Evaluation and its results.

FELDMAN, RONALD A.
  "Determinants and Objectives of Social Group Work Intervention"

Modes of group and individual member integration (normative, interpersonal, and functional) . Group interaction and intervention as explored in an experimental study (based on an examination of sixty-one children's groups) of the relationship between integration and the susceptibility of individual members to peer-group conformity pressures.

GARLAND, JAMES A., and RALPH KOLODNY
"Characteristics and Resolution of Scapegoating"
Based on experience gained with therapeutic groups in the Boston Department of Neighborhood Clubs. Previous theoretical treatment. Individual and group dynamics of the phenomenon: needs, traits, function, and interaction with the group on the part of scapegoat and scapegoater. Some concrete means of controlling or reversing such behavioral patterns.

HARRIS, JOHN K.
"Automating Neighborhood Service Centers"
A definition of the center. Coordination and the multiproblem client. The impact of the computer on: intake procedures; statistical reports; protection of privacy; client identification; language and coding; the creation of a social information data bank registry. The codification and clarification of welfare regulations.

HOLMES, DOUGLAS
"Bridging the Gap between Research and Practice in Social Work"
The nature, meaning, general levels, and application of research. Research as an everyday phenomenon. The similarities of its different varieties. Categorization of strategies, with illustrations from current projects of the Associated YM-YWHA's of Greater New York.

PERLMAN, ROBERT, and ARNOLD GURIN
"Perspectives on Community Organization Practice"
A review of theory and definition from the Lane report in 1939 to the present day, with an appraisal of current knowledge and theory-building. The role of change. An analysis of the practice process in three interacting areas: interest groups, service agencies, and interorganizational structures.

REYNOLDS, HARRIET BLACKBURN
"Educational Services for Unmarried Mothers"
A suggested model based on: (1) who the students are (social, psychological and cultural factors) ; (2) their level of academic achievement;

(3) their educational and training needs; and (4) the circumstances under which they learn, and from whom they will accept education.

SHAFFER, ANATOLE
  "Welfare Rights Organization: Friend or Foe?"
Basic complaints: inadequate grants, personal degradation, violation of legal rights, compulsory social services. Allies: social workers, lawyers, civil rights groups, the war on poverty, and "maximum feasible participation." Development as a group outside the agency, and the latter's reaction.

SHAPIRO, JOAN
  "Group Work with Urban Rejects in a Slum Hotel"
The methodology of this New York City project. Each building a community, with physical and social structural unity. Tenant-worker interactions: mutual support, teaching, and learning. The clients: dependence *vs.* self-reliance; controls and leadership; value conflicts. The short-term effects of the undertaking.

SHOEMAKER, LOUISE P.
  "Group Work in Public Welfare"
The client's problems in terms of his subculture. A review of the literature of group work practiced in this setting. A typical example: the Baltimore Department of Public Welfare. Practice issues discussed in terms of case examples drawn from it.

SPECHT, HARRY
  "Social Policy Formulation: the Role of the Social Caseworker"
The social context: effects of automation, social and civil rights movements, and the enlarged role of government. A model involving identification and analysis; attracting the attention of the public; developing goals and public support; legislation; implementation; and evaluation. Some suggested questions, with examples and implications for the caseworker.

WEINER, HYMAN J.
  "A Group Approach to Link Community Mental Health with Labor"
An experimental project in the New York City men's clothing industry, using union business agents as mental health auxiliaries under the guidance of a group worker. The dynamics of two typical situations. Practice concerns: entry and confidentiality.

SOCIAL WORK PRACTICE, 1967

Toward New Models of
Social Work Practice

by *WERNER W. BOEHM*

The mere fact that both practice—casework, jury work, community organization—and education are dissatisfied with what is traditionally done in practice and taught in schools does not automatically present us with a better alternative. Rather, it behooves us to think carefully about the nature of the difficulty, examine thoroughly what we should do, determine how we should do it, and what the implications are for practice.

Let me make explicit five premises which underlie everything that follows.

1. Two types of social work practitioners are needed today and tomorrow: one who is skilled in helping individuals, families, and small groups to deal with and change troublesome situations in which they find themselves; and another who is skilled in the strategies of social change.

2. Both types of skill and the professional knowledge underlying them can be acquired on the master's level, and "policy skills," so-called, do not require professional education of an advanced, post-master's character.

3. Each type of social work practitioner carries out specific activities and performs distinct functions. Hence schools of social work will have to identify separate concentrations of knowledge and skill in class and field in order to provide appropriate professional education for each type.

4. In addition to these specific learnings each type of practitioner will require common learnings—those elements of knowl-

edge, attitude, and skill which both types of social work practice have in common.

5. Because caseworkers fresh out of school are often called upon to perform both as caseworkers and as group workers, it does not follow that casework and group work should be merged into one method. Nor does it follow that in order to meet these probably legitimate needs the schools should necessarily create an educational regimen which seeks to impart skill in the practice of both casework and group work. Rather, I would state that such educational approaches constitute *ad hoc* responses to a need which requires thorough analysis rather than rash response.

Three questions can now be posed:

1. What are the characteristic functions to be accomplished by each of the two types of social work method?
2. What professional activities are characteristic of each method?
3. What are some of the implications for both practice and education?

TWIN FUNCTIONS OF SOCIAL WORK: CHANGES IN SOCIAL SITUATIONS
AND CHANGES IN THE SOCIAL RESOURCE STRUCTURE

The term "change" is somewhat ambiguous. By change we mean not only the creation of new situations or new resources but also improvement of existing situations or resources, modification of current patterns of interaction of persons who are part of the social situation, or modification of current patterns of coordination and operation of existing social resources. The term "change," then, should be conceived broadly, but its direction is toward the attainment of the goals of social work, which I identified as restoration, provision, and prevention.[1]

The change activities of social workers, regardless of method, are predicated on these premises: Man and society are interdependent. Therefore, in order to achieve self-realization, at times it is necessary to bring about changes in the interactions that in-

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[1] Werner W. Boehm, *Objectives of the Social Work Curriculum of the Future,* The Curriculum Study, Vol. I (New York: Council on Social Work Education, 1959).

dividuals engage in or in the societal context which provides the resources enabling man to realize his potential. This value proposition has been expressed thus:

> Each person requires for the harmonious development of his powers socially provided and socially safeguarded opportunities for satisfying his basic needs in the physical, psychological, economic, cultural, aesthetic, and spiritual realms.

> As society becomes more complex and interdependent, increasingly specialized social organization is required to facilitate the individual's efforts at self-realization. Although conflicts between individuals and society can never be entirely absent, a social organization should be such as to reduce them to a minimum. A conception of the individual and society as interdependent leads to the view that just as it is the responsibility of society to provide appropriate social resources, it is the right of the individual to promote changes in social resources which do not serve his need-meeting efforts. Concomitantly, it is the individual's obligation to satisfy his individual needs as much as possible in ways that contribute to the enrichment of society.

> To permit both self-realization and contribution to society by the individual, social organization must make available socially sanctioned and socially provided devices for needs satisfaction as wide in range, variety, and quality as the general welfare allows.[2]

This position, couched in terms of social work values, can be linked to the view of a leading sociologist, Robert K. Merton. He divides social problems into two broad classes, social disorganization and deviant behavior (the latter term being used in the technical and not in the moral sense of the word) :

> When we say that a particular group or organization or community or society is disorganized in some degree, we mean that the structure of statuses and roles is not as effectively organized as it, then and there, might be.[3]

> Deviant behavior on a sizable scale represents another kind of social problem. Whereas social disorganization refers to faults in the arrangement and working of social statuses and roles, deviant behavior refers to conduct that departs significantly from the norms set for people in their social statuses.[4]

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[2] *Ibid.,* p. 43.
[3] Robert K. Merton and Robert A. Nisbet, eds., *Contemporary Social Problems* New York: Harcourt, Brace & World, 1961) , p. 720.
[4] *Ibid.,* pp. 723–24.

Merton provides an analytical scheme for the understanding of such social problems as family disorganization, community conflict, delinquency, discrimination, poverty, and the like, but not a scheme which suggests goals or methods of intervention. His scheme is useful for social work because it suggests that any one social problem may reflect either societal flaws or deviant behavior of individuals or both. Hence, change aimed at the elimination or reduction of social problems needs to proceed from an assessment of whether or not we deal with an instance of social disorganization or an instance of deviant behavior. If it is the former, the goal of change will be the social system. If it is the latter, the change goal will be the personal behavior of individuals, which will include intervention in the interpersonal situation. For instance, inadequate or inappropriate child care provided by a mother may be due to any one or a combination of three factors: poor socialization of the mother to her mother role; adequate socialization but conceptions of mothering which run counter to prevailing norms in the family and socioeconomic group to which the mother belongs; or adequate socialization and appropriate normative behavior but inability to care properly for the child due to lack of funds.

In the first instance, the change goal will be personal or interpersonal, and the aim is to improve socialization. But the question needs to be asked whether the system, the cultural or socioeconomic group, to which this mother belongs is so deficient that it produces other mothers like this one. If so, intervention in the system is needed as well. In the second instance, the intervention will also be personal or interpersonal, but the question raised here is whether the norm violation is idiosyncratic or perhaps reflects emotional and/or intellectual shortcomings. In the third instance, the change goal is to provide an appropriate social resource, financial assistance, and by so doing to remedy a deficiency in the system. Thus, the Merton scheme coupled with the social work value premise of the interdependence of man and society would enable us to bring the personal, interpersonal, and social structural considerations under one "roof" and permit the design of appropriate assessments and the identification of appropriate

goals and directions for change. In this example, two types of intervention are suggested: intervention in a given social situation, taking into account personal and interpersonal factors; and intervention in the social resource structure, taking into account factors and forces in the social structure. These types of intervention, it seems, are not infrequent, although conceptualized differently, in much of social work practice today. Perhaps they can be differentiated by calling the first type of intervention "social," and the second type of intervention "societal." The first addresses itself to interpersonal relations and the second to social structure.

Social intervention.—Situational intervention might contain the following component parts. Intervention, by being situational, would be focused on an individual and his troubles (behavioral or intrapsychic and interpersonal, hence, social), on close social relationships, on relationships between family members, between members of peer groups, and the like. The individual, the family, and the small group as they impinge on, or are affected by, a troublesome event (illness, unemployment, crime, discrimination), would be the unit of attention. Intervention would be called for because of limitations in the physical, emotional, or intellectual equipment of a person which prevent him from attaining a desired goal. The limitation may be individual, such as lack of a sense of worth, lack of ability, or lack of identity; or social, such as ineffective social functioning in marital or parental relations, relations with peers or on the job, or inadequate friendship relations.

Societal intervention.—This area of social work concern would encompass social welfare resources. It would seem that we should limit ourselves to these because this profession, like any profession, needs to have a measure of functional specificity, not only with reference to its methods but also with reference to those areas of life to which the methods apply. By limiting ourselves to social welfare resources, however, we would not necessarily limit ourselves to intervention only in the social welfare institution. Conceivably, we could intervene also in other societal structures, such as the economy, education, or health, because each of

these structures does have a social welfare component. When we operate outside the institution of social welfare we would ally ourselves with those professions and occupations which give primary service to these institutions. Thus, we would ally ourselves with educators, physicians, economists, politicians, and the like.

Social resources intervention, like social situation intervention, can take a variety of forms and tentatively may be categorized as follows:

1. *Social need identification:* to learn the nature of the deficiency in the structure of social welfare resources—absence, poor coordination, poor reception of existing needs

2. *Social resources coordination:* to bring about a better meshing of existing resources and to avoid unnecessary duplication

3. *Social resources creation:* to foster the development of new social resources required to alleviate social problems through social welfare legislation, the development and administration of social programs, and the mobilization of support from interested population groups or the citizenry at large.

These are all means to an end, tools to enable man to achieve self-realization. Resource creation, therefore, with its subcategories of resource needs interpretation, resource legislation, resource policy, and resource program development, would seek to fill a void, whereas resource coordination would try to bring the existing pattern into a more rational operation.

4. *Social resource delivery:* to bring services to the attention of the persons who need them and to arrange the services in such a way that they can be readily utilized by those who want or need to use them

5. *Resource utilization:* to enable the potential user to become acquainted with the existence of these resources, their way of operation, their location, and the appropriate modes of access. The consumer public would be provided with ways of knowing how to get to these resources and they would be helped to know about ways of availing themselves of these resources. Conceivably, resource utilization is an aspect of resource delivery.

The target population.—What groups in the population should be reached by these twin functions of social work? It would seem that potentially the total population should be reachable. This position, of course, is in keeping with the stance any profession must take. A profession must serve the total population rather than segments of it. This does not preclude, however, that at certain times, certain segments of the population need to be singled out for special attention, and that others are deliberately put aside or assigned a lesser priority. War, poverty, discrimination, call into play special needs and special solutions and usually lead to such priority assignment. Limitations in manpower also lead to priority determination.

Currently, there are four groups of consumers for whom both situational intervention and intervention in the social resources structure would seem particularly appropriate. One group consists of those who show the impact of societal flaws and deficiencies in the social structure. Among these are the victims of poverty, unemployment, and racial discrimination. These are often the persons who have been defeated and who have as a result of society's shortcomings suffered severe impairment of personal and social functioning.

In another group are the people whose social functioning is impaired, not because of the absence of socially provided resources, but rather because the available social resources are inadequate or have not been in operation long enough to be effective or generally known. In some instances a lag occurs between the time when a set of resources becomes available and the time when they are actually used. Sometimes inadequate or insufficient information deprives the potential users of available resources.

Still another group of consumers includes those who do not find access to existing resources. In this category belong not only the persons who lack knowledge of the resources but also those who are denied resources because they are victims of discrimination.

The fourth category is comprised of those who know of the existence of resources and would avail themselves of them, but they lack the social, intellectual, and emotional skills or the "in-

terpersonal competence" to make use of the resources. Hence, they suffer from impairment of social functioning. These are the individuals, families, and groups who suffer frequently from psychosocial disabilities inherent in their personalities and their relationships. In this category belong highly disorganized families and persons, and those who have psychological disabilities.

These four categories of consumers obviously are not mutually exclusive. Impairment of social functioning can be aggravated because any one consumer may share the characteristics of several of these four groups. Deficiencies in the social structure, characterized by resource deficiency or inaccessibility to resources, coupled with deviant behavior characterized by psychosocial disabilities, tend to reenforce impairment of social functioning.

Professional activities characteristic of intervention in the social situation.—The social situation is viewed as a field or system composed of individuals, families and groups, and a specific set of social circumstances. They constitute a small system, and the persons in the system are seen as interacting with each other. The system has open boundaries and the nature of the system not only varies with each situation but also may vary over time, with the boundaries contracting or expanding as the occasion and the tasks to be achieved in the social situation may warrant.

The goal of intervention might be restoration and/or prevention. Where prevention is sought, it is secondary or tertiary in the sense that the aim is to avoid further impairment of individual and social functioning or to arrest the condition at the current level of impairment. The focus is on the social situation or on the interaction of the individuals who compose the situation. The structure of the situation may be such that there is one key individual or several key individuals and, in addition, significant others—members of the peer group, friends, relatives, and the like. Social intervention is geared to enhancing the effectiveness of role performance of the key individuals and to enhancing the well-being of individuals. It may consist of alteration of relationships between individuals, members of the family, or other members of the small group; or alteration of immediate social circum-

stances which are the result of societal problems, such as unemployment and discrimination, or reflect social problems, such as family disorganization, illness.

The focus of intervention, therefore, might largely be in the realm of the interpersonal and, to some extent, the intrapersonal. In ideology it corresponds very much to the traditional psychosocial approach in social work. Although broader in scope, this formulation seems to move in a direction similar to that taken by Meier, who proposes a unit of attention which she calls the "operational situation." [5]

The importance attached to the situation as the unit of attention suggests a possible reconceptualization of current modes of intervention. By now it is obvious that the modes of intervention outlined here bear a striking resemblance to what we now call casework and to many of the procedures of what we now call group work, especially the activities of group workers who are operating in the clinical realm. This is not surprising, especially since practice for some time has moved toward the joint use of both methods. However, an important difference should be noted. The thrust is not to bring about an amalgamation of casework and group work as they are traditionally conceived. The thrust is not at all on method. Rather, we are focusing on people and their problems and we ask ourselves, in the light of analysis of the facts which explain their functioning and their problems, which modes of intervention would seem to be appropriate. The concepts of "social situation" and "situational problems," it would seem, lead inexorably to the fashioning of intervention strategies which include traditional casework as well as traditional group work but may require other procedures as well.

In time a new method of social work may come into being, a method which, while descending from traditional casework and group work, nevertheless will have its own unique identity rather than a borrowed one. Whether or not this method can properly be called "situational intervention," time will tell.

[5] Elizabeth G. Meier, "Interactions between the Person and His Operational Situations: a Basis for Classification in Casework," *Social Casework*, XLVI (1965), 542–49.

I am proposing that we start with people and their problems rather than with methods and bring to bear appropriate procedures on the problems by utilizing from the traditional methods those techniques which seem to be pertinent to the problem as we have analyzed it, invent and test new procedures which seem called for, but avoid foisting upon what may be a promising approach, namely, the situation concept, a methodology which in its present form may not be suitable.

We would postulate that the mode of attack be systematic and include assessment, planning, implementation, and evaluation of outcome. "Assessment" refers to the identification of the factors thought to be causatively related to, or associated with, the problem. "Planning" consists first of mapping strategies and avenues of change in light of the assets inherent in the situation, then identifying those persons and conditions in the social situation which seem accessible to intervention and the design of the specific procedures which seem appropriate. "Implementation" refers to the execution of the design through specific professional activities in the context of a professional relationship with one or several persons who compose the situation and with a view to bringing about a desired change, namely, greater personal satisfaction or change in role performance, or greater ability on the part of an individual either to derive satisfactions from a situation or to be in a position to live in a more satisfactory situation. "Evaluation of outcome" would be procedures designed to discover whether there is a relationship between the change goals sought, the modes of intervention selected, and the actual change achieved.

Situational intervention relies heavily on the utilization of agency program and function, the use of community resources, and the use of self in a professionally disciplined fashioned in the context of a professional relationship. The client, or perhaps now the term should be "user of service," would participate in the goal-setting process and in the process of evaluation.

These procedures, although not necessarily conceptualized in the same way, appear currently in traditional social work settings, such as family agencies, guidance clinics, neighborhood houses,

and the like, under the rubric of casework and group work, which are often performed by one and the same person and then erroneously called "social work." While the work, including joint, conjoint, and family interviews, would be done with individuals and groups, the focus would be on the social situation seen as a system of interacting individuals and an interrelated field of forces with a dynamic all its own.

Professional activities characteristic of intervention in the social resources structure.—The professional activities and procedures which fall under this heading focus on social resources and social needs. The identification of social problems, the unmet needs which underlie them, and the planning, creation, and coordination of resources require specific professional activities. These include interpretation of program goals to the population at large, analysis of social problems so that proposals (legislative or otherwise) for resource development may be formulated, the development of public policies to stake out goals for the elimination of social problems, and the advocacy of specific policies governing the operation of programs. These activities also comprise identification of faulty interaction among existing resources in the community, and design of plans which will make for more effective coordination of these resources. They call for the development of new resources or the expansion of present ones. Here too belongs identification of better ways of bringing resources to the potential consumer, who is the total population, actually or potentially.

These activities may be subsumed under these headings: resource need analysis; resource planning; resource creation; resource coordination; resource delivery; and resource utilization. They involve such skills as assessment of the adequacy and appropriateness of existing programs, policies, and current planning. In some instances it will be desirable to engage in anticipatory planning to forestall the emergence of social problems. An example of this might be the work begun by federal agencies and private groups, such as the Center for the Study of Democratic Institutions, to determine the measures needed and the resources required to cope with the social and psychological consequences of automation.

Obviously, intervention in the social resource structure is in keeping with the social work goals of provision and prevention. It would seem that traditional community organization skills are appropriate. However, additional skills, to some extent already possessed and used by social workers, either by accident or by training, need to be systematically examined and developed. What can we learn from city planners, economic analysts, government administrators, military officials, legislators, politicians, and lobbyists? In addition, do we not need the skills practiced by the group workers who are not so much engaged in situational change as in seeking to carry out projects of "social action" and community development? Again the suggestion is not that we develop an amalgamated method consisting in part of group work with a large portion of community organization and assorted stray pieces borrowed from related activities outside social work. Rather the proposal is that we look at the social resources structure as the unit of attention, and determine needed activities and procedures in light of intervention goals yet to be clarified. In so doing, we want to bear in mind that although the method which may emerge may have many ancestors, it must satisfy (as does any social work method) two conditions: consistency with social work values and internal cohesion.

As in situational intervention, the professional will proceed systematically, utilizing the processes of assessment, planning, implementation, and evaluation. "Assessment" refers to analysis of the relationship between need and resources: Are the resources in keeping with existing or potential needs? Are emerging needs being perceived? Are there gaps between resource utilization and resource availability? Are there gaps between resource delivery and resource utilization? Are there deficiencies in public support and understanding?

"Planning" refers to the identification of the nature of change which is sought, such as, for instance, resource development or better resource coordination, or better utilization of resources. Planning also includes identification of the strategies whereby these changes are to be brought about. Implementation would include specification of the activities and procedures in which social workers should or would engage to obtain the desired goal. Eval-

uation would focus on the determination of whether the strategies used are appropriate to the goals sought and whether the results achieved are indeed concomitant with the goals that have been attempted.

Although the two types of intervention have been separated for purposes of our discussion, in actual practice they frequently take place under one organizational roof. A good example is the range of poverty programs. In many instances, the social resources structure is modified and social situations are changed. For instance, the establishment of a Job Corps center or a community action program might be an instance of resource creation and coordination. The very provision of the services created under these programs—vocational training, personal counseling of trainees—entails situational change.

SOME IMPLICATIONS FOR PRACTICE AND EDUCATION

Practice.—All that precedes is not so much a proposal or a blueprint as it is a perspective, a different way of looking at practice. Hence, should such a perspective appear reasonable, it would seem to bear the possibility of implementation both in traditional modes of practice and in the novel approaches engendered here and there by the antipoverty agencies. What would seem necessary, however, to test the feasibility and usefulness of the conceptualizations advanced here would be a willingness to look with an open mind at the often unstated, underlying assumptions of practice and to rethink them in light of what has been suggested here. Hence a mind set would perhaps be more important than specific reorganizations of practice arrangements. Sooner or later, of course, different patterns of service organization and service delivery will undoubtedly emerge and experimental programs will come into existence. But the first step is to become comfortable with the ideas proposed and to try to apply them in practice.

The most important notions, the ones most pregnant with possibilities for changes in practice, are that we should start with people and their problems rather than with method and that problem-solving approaches should lead to the utilization of those

methods, traditional and new, which are appropriate to the problems.

Education.—For education, the implications seem to be much more profound than for practice.

A master's curriculum to prepare two types of practitioners, one with skills in changing the situation and the other with skills in changing the welfare resources structure, might be characterized by two parts: common learnings available both to students who choose a concentration in social situation intervention and those who choose a concentration in social resource structure intervention. In addition, there would be courses specific to each concentration. While the common material would have a reasonably well-defined knowledge and value component, the specific learnings—and this is a feature not found in the current offerings—would not only contain a focus on skill but would also have a reasonably well-defined knowledge component.

A social work framework in the sense in which the idea has been developed by Butler [6] would serve to identify and develop appropriate knowledge and value content. The framework might consist of such propositions as these:

1. The social situation can be viewed as a social system with interdependent components, including the person, the family, and the small group, and special circumstances specific to the situation.

2. Intervention has as its goals self-realization and improved social functioning.

3. Intervention in the social situation may be directed at that component of the system which is most accessible to change. This may be group interactions, or social circumstances in the social situation.

4. The social resources structure is also viewed as a social system consisting of provision, policies, and services as identified by Weissman. [7]

5. Intervention would focus on provisions, policies, or services

[6] Ruth M. Butler, *An Orientation to Knowledge of Human Growth and Behavior in Social Work Education,* The Curriculum Study, Vol. VI (New York: Council on Social Work Education, 1959).

[7] Irving Weissman, *Social Welfare Policies and Services in Social Work Education,* The Curriculum Study, Vol. XII (New York: Council on Social Work Education, 1959).

in accordance with analysis as to which component would be most accessible.

6. The goal of intervention would be consistent with social work values, in particular the value that socially provided resources are essential in a society which not only permits but fosters self-realization.

This social work framework suggests the utilization of such concepts as personality, role, class, caste, culture, and system. In addition, such concepts as conflict, power, organization, and decision, as suggested by Comanor,[8] might well be appropriate. Disciplines such as sociology, psychology, social psychology, cultural anthropology, economics, and political science and such professions as social work, law, medicine, and education might furnish appropriate concepts and principles. To be useful, these concepts, regardless of whether they come from outside social work or from within, need to be brought into a relationship with each other, a relationship characteristic for social work. The contribution of social work, then, would be the fashioning of these concepts, regardless of their origin, into a system such that they are linked to each other in keeping with social work values, social work experiences, and the requirements of social work practice.

The proposals made here, appearances to the contrary notwithstanding, are neither radical nor unusual. In fact, they are in keeping with the professional belief that we must proceed systematically rather than randomly.

A radical proposition, in the best sense of the word, would be for social work practice to abandon the problem-focused approach and to provide a network of services and skills geared to the prevention of dysfunctioning. That this idea, which in essence utilizes the concept of social utility,[9] is not entirely alien to current thinking should be evident from an excerpt from a seminar paper by one of my students:

. . . The present problem-centered remedial approach of social welfare programs is useful and needed, but it falls woefully short of dealing with social problems in a truly rational manner. Social wel-

[8] Albert Comanor, "Some Considerations on Social Policy: a Working Paper for Social Work Education" (1966, typescript).

[9] Alfred J. Kahn, "New Policies and Service Models: the Next Phase," *American Journal of Orthopsychiatry*, XXXV (1965), 652–62.

fare personnel observe and bemoan the dysfunctional aspects of our society, document and catalog that which needs to be changed, patch and bandage where such is needed, but stop short of taking positive action to intervene somewhere in the problem producing cycle. This ought not to be . . .

The family is the stage on which are acted out the primary dramas of life. How well the actors learn their roles will determine in large measure not only how successful that particular "presentation" will be, but also how successfully they will perform in new roles in later situations. The aim of social welfare programs ought to be not only the maintenance of good family life but also the fostering of the greatest individual achievement in the family. In order to accomplish this something more than remedial and maintenance programs is needed. Services are needed within the life space of people, available to them at exactly the time they face stress, and structured so as not only to provide aid when needed, but also to provide instruction and guidance so that emergencies may be averted and families enabled to find productive solutions to life problems before they become unwieldy.[10]

All this may seem obvious and be no more than "a commonplace wrapped in a banality," but it needs saying at a time when there is so much effort spent either to embrace the latest fashion or to stand pat on the grounds of consistency or tradition. Too much is at stake in the profession. The contribution which the profession is making and can make to society is too valuable to permit us "to move from an unthinking orthodoxy to an equally unthinking heterodoxy"[11] by valuing change for its own sake. By the same token, however, we have no right to pass up the challenge and choices we are facing simply because they force us to court danger. On the contrary, this is our chance and here is our obligation to turn challenges and problems into opportunities and achievements. A profession which does not devote its attention to people in trouble will not long endure as a vital profession. A profession which devotes its attention *only* to people in trouble and neglects the societal forces which are at the root of personal and interpersonal problems will soon lose what efficacy it has in helping people out of trouble.

[10] Conrad B. Metz, "Whither Welfare in New Jersey?" (Graduate School of Social Work, Rutgers—the State University, 1967) , pp. 9–10.

[11] Merton and Nisbet, eds., *op. cit.,* p. 727.

The Current Crisis in Social Casework

by SCOTT BRIAR

IT IS SAID that social casework is in deep trouble. It is said that caseworkers are destined for extinction. It is said—and this criticism cuts deepest of all—that casework is not responsive to the needs of the persons it claims to serve. These criticisms, with many variations, can be heard from persons outside the profession, from other social workers, and even, though more softly, from some of our fellow caseworkers. In fact, just a few months ago, Helen Perlman felt moved to ask whether casework is dead.[1]

As a teacher and practitioner whose professional career has been centered on social casework, I am distressed by these criticisms. Unfortunately, what distresses me most is that I find myself compelled to agree with many of these criticisms. Casework *is* in trouble. And unless casework cures its own ills, it could very well be destined to become, at worst, a relic of a past era or, at best, a marginal activity in the profession. But I am not willing to stand idly by to watch this prophecy come to pass. The initial vision that gave rise to social casework was based on an important insight into the human condition in modern society, namely, the realization that if social welfare programs are to be genuinely responsive to the needs of persons, they must be individualized. If that insight is forgotten, the profession as a whole will be the worse for it.

The recent criticisms of social casework have taken two principal forms. One questions the very existence of casework by ar-

[1] Helen Harris Perlman, "Casework Is Dead," *Social Casework*, XLVIII (1967), 22–25.

guing that a case-by-case approach to social problems is at best in-efficient and at the worst, hopeless and perhaps even harmful. The second declares that casework simply is not effective, a criticism that is perhaps even more fundamental than the first.

The argument against the case-by-case approach to social problems has appeared partly as an accompaniment to the rising tide of interest in social change and social reform. I want to emphasize that I see no grounds for anything but enthusiasm and optimism about this trend and the promise it portends for the profession and for social welfare. It is a welcome development, not only because social reform activities have too long been neglected, but also because there can be no doubt that many of the problems of concern to the profession will not yield to direct service alone but require intervention at other systemic levels in the social order.

In some of the burgeoning literature on the need for social reform, however, there has appeared a strand of strong and some-times shrill criticism of social casework. Some of this criticism is well deserved, but some of it heaps on social caseworkers responsi-bilities they never presumed to carry, and some of it reflects a dis-quieting naïveté about what social change can realistically be ex-pected to accomplish. But more important is that the growing emphasis on social change as a strategy for alleviating social prob-lems has evoked from many caseworkers a defensiveness about their own activities. And this defensiveness threatens to block more constructive responses by caseworkers to the changes oc-curring in the profession.[2]

It is important at the outset to be clear about the legitimate grounds for a critique of the casework enterprise. It is fair to criticize casework—or, for that matter, group work, community organization, and social reform—for failing to accomplish what it claimed it could do; in other words, for not being effective. If caseworkers have claimed to be able to help persons with certain kinds of problems and the evidence shows that they have not done so, then caseworkers better return to the drawing board and look for other ways to accomplish their aims. It also is fair to

criticize caseworkers if they lose sight of the problem, the need, the person, and the task in a preoccupation with techniques, ideologies, and theoretical concepts. In other words, if it is true, as some have argued,[3] that caseworkers, rather than devising methods tailored to the client's needs and expectations, have expected clients to adapt to the caseworker's methods, then caseworkers should pause to remind themselves that their first commitment is to the client. And, finally, it is fair to criticize casework if it cuts itself off from persons who need its services. That is, if it is true, as it appears to be, that persons who could benefit from the services of caseworkers are systematically deprived of them, then we must alter the methods of delivering and offering casework services so that they are available to such persons.

It is *not* responsible, on the other hand, to criticize social casework for failing to fulfill responsibilities it never promised to discharge—for failing, for example, to eliminate poverty, do away with delinquency, or end illegitimacy. It is possible that some caseworkers have made such rash and immodest claims, but I do not believe the field of social casework has seriously taken these responsibilities upon itself. Consequently, it is absurd to point to the continued existence of social problems as a sign of the failure of casework. Nevertheless, the misconceptions implicit in this line of argument point to the need for a clearer statement of what it is that caseworkers *are* supposed to do.

The dominant preoccupation of social casework over the past thirty-five to forty years has been devoted to the development of the therapeutic function of social casework, or what has come to be called "clinical" casework. I have no quarrel with clinical casework—most of my own practice is of this sort—except that I do not think clinical casework is nearly as effective as it ought to be. Caseworkers can no longer afford to ignore the implications of studies such as the recently published *Girls at Vocational High.*[4] The findings of that study may seem discouraging, but they can-

[3] Richard A. Cloward and Irwin Epstein, "Private Social Welfare's Disengagement from the Poor: the Case of Family Adjustment Agencies," in Mayer N. Zald, ed., *Social Welfare Institutions* (New York: Wiley, 1965), pp. 623–44.

[4] Henry J. Meyer, Edgar F. Borgatta, and Wyatt C. Jones, *Girls at Vocational High: an Experiment in Social Work Intervention* (New York: Russell Sage Foundation, 1965).

not be written off as due to inadequacies in research design and technology. For what confronts us is not one study but a long list of studies with equally distressing results. Hunt, Kogan, and their co-workers labored long and hard at the Community Service Society in New York City to measure the outcome of casework and found an average movement of only one step on the movement scale, a result that, at the least, should have stimulated a searching reconsideration of the clinical casework approach developed in that agency and widely promulgated in the field.[5] This is not to say that casework is never effective, and it is important to be clear about that. Any caseworker can cite cases from his own experience to show that casework is effective, sometimes dramatically so. What the research indicates is simply that our batting average is too low—not that we never succeed but rather that we succeed too infrequently.

The research on the effectiveness of casework is only a small part of the story. Research on the effectiveness of psychotherapy is both more extensive and, in some respects, more rigorous than the outcome studies of casework.[6] I know that many caseworkers are quick to insist on the difference between clinical casework and psychotherapy, but it is demonstrable that the theory and techniques of treatment that inform clinical casework practice were not developed independently but carry a heavy debt to psychotherapy, and to psychoanalytic psychotherapy in particular. Thus, studies that question the efficacy of dynamic psychotherapy also challenge the foundations of clinical casework. And the plain facts are that the effectiveness of the traditional psychotherapies, the so-called "dynamic" psychotherapies, is in grave doubt. Even defenders of the traditional psychotherapies who have surveyed this body of evidence can find only weak support in a few isolated

[5] For a review of this research, see Scott Briar, "Family Services," in Henry S. Maas, ed., *Five Fields of Social Service* (New York: National Association of Social Workers, 1966), pp. 16–21.

[6] The literature on research on psychotherapy is too vast to be summarized here. A recent review of major studies of traditional psychotherapy is available in Hans J. Eysenck, *The Effects of Psychotherapy* (New York: International Science Press, 1966). An excellent source for current developments in research on psychotherapy is the chapters on psychotherapy in the *Annual Review of Psychology* published each year by Annual Reviews, Inc., Palo Alto, Calif.

studies and for the remainder can only question the validity of the research itself, a weak and no longer sufficient defense.[7]

Moreover, at least as far as casework is concerned, it is not simply that effectiveness is less than satisfactory, but other research has shown that the model of clinical casework dominant for many years is suitable for no more than a fraction of the clients who come to us. We now know that even in the presumably ideal conditions of the private family service agency, the conception of casework as a prolonged series of interviews between the caseworker and an individual who is seeking help with emotional or interpersonal problems appears to be applicable to at most 25 percent of the clients who seek help from such agencies.[8]

But the findings I have all too briefly summarized here should not be viewed as cause for despair. The response required is of quite another sort. The message of these findings is that caseworkers should embark on a period of active and vigorous innovation and experimentation, in a search for more effective models and methods for the conduct of clinical casework. Fortunately, some promising directions for experimentation have already appeared. Caseworkers in many places are experimenting, for example, with short-term methods of intervention. But experimentation with short-term approaches has not proceeded at a pace commensurate with their obvious relevance to the reality that a large proportion of the encounters between caseworkers and clients are of brief duration. If we are to give short-term methods the attention they deserve, we have to modify our tendency, as Lucille Austin notes, to regard them "chiefly as a matter of expedience." [9] Family treatment represents another area of active experimentation in social casework. Unfortunately, however, the family therapy movement also illustrates a characteristic weakness of innovative efforts in social work, namely, the failure to conduct systematic evaluations of effectiveness. Despite the enormous effort that

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[7] See, for example, Robert Wallerstein, "The Current State of Psychotherapy: Theory, Practice, Research," *Journal of the American Psychoanalytic Association,* XIV (1966), 183–225.

[8] Briar, *op. cit.*

[9] Howard J. Parad, ed., *Crisis Intervention: Selected Readings* (New York: Family Service Association of America, 1965), p. xi.

has been devoted to family diagnosis and treatment over the past ten to fifteen years, the number of attempts to assess its effectiveness systematically can be counted on the fingers of one hand.[10] Thus, we continue to expand family treatment only on the basis of faith and the missionary zeal of the practitioners who have become committed to it. Faith, however, is not enough. The crucial questions to be asked of an intervention method are not "Does it sound good?" or "Is it fascinating?" but "Does it work?" and "Is it more effective than other methods?"

Appearing on the horizon are some even more fundamental innovations in treatment models and techniques. I have in mind a variety of new therapeutic strategies based on theories that depart radically from the psychoanalytic formulations that have dominated psychotherapy and casework for the past thirty to forty years. One illustration of these new departures is the attempt to apply sociobehavioral theory to social work practice. When one first hears it, the language and metaphors of this approach may seem strange or even disagreeable, but do not turn away if they do. Or, at first glance, it may seem that this theory simply puts new labels on old, familiar ideas, but that impression, too, would be invalid. The sociobehavioral approach has already had wide application and is based on theories that are backed by extensive research.[11] The results thus far are impressive, sometimes dramatically so, and perhaps the most promising aspect of sociobehavioral theory is that it suggests a strategy for the development of practice knowledge that is more systematic than those we have followed in the past. We cannot afford to ignore any perspective that is demonstrably successful or that appears to promise a more effective strategy for developing the body of knowledge we need in order to improve our effectiveness. Finally, I would mention the important innovations now being formulated in response

[10] One of the better exceptions is Robert MacGregor, *et al., Multiple Impact Therapy with Families* (New York: McGraw-Hill, 1964).

[11] See, for example, Leonard Krasner and Leonard P. Ullmann, eds., *Research in Behavior Modification* (New York: Holt, Rinehart and Winston, 1965); and Leonard P. Ullmann and Leonard Krasner, eds., *Case Studies in Behavior Modification* (New York: Holt, Rinehart and Winston, 1965).

to our increased understanding of the realities of casework with the poor.

My intent in these comments on clinical casework is to make two general points. The first is that current attempts to disparage the therapeutic function of social casework are invalid and misdirected. Clinical casework represents an essential function carried out in relation to important human problems. For that reason, the demand for caseworkers to perform this function should continue to increase, *if*—through more vigorous innovation and systematic experimentation—caseworkers can discover ways of performing this function more effectively.

My second point is that the general field of psychotherapy is in a state of exciting ferment and experimentation. Unfortunately, however, many caseworkers are effectively isolated from these developments, for it still is true that caseworkers by and large keep abreast primarily of those developments in psychotherapy that are within the psychoanalytic tradition, broadly defined. This restriction is becoming increasingly dysfunctional for clinical casework, since, as Ford and Urban recently concluded in their excellent review of developments in psychotherapy, "the innovative steam has gone out of the psychoanalytic movement. Major theoretical and technical advances in the future will probably come from other orientations." [12] In order that we can benefit from those advances in the general field of psychotherapy that may be applicable to casework practice, it is essential that we find ways of keeping informed about the many new developments in that closely related field.

I said that the disparagement of clinical casework is misplaced. The proper target of these critics, in my opinion, is the strong tendency to equate clinical casework with casework, the tendency to regard the therapeutic function as the *only* function of casework. To make this equation is to constrict the range of functions of casework and thereby to make it less flexible and less responsive

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[12] Donald H. Ford and Hugh B. Urban, "Psychotherapy," in *Annual Review of Psychology: Volume 18, 1967* (Palo Alto, Calif. Annual Reviews, Inc., 1967), p. 333.

to changing needs and conditions. The founders of social case-work had no such narrow conception of the functions of the social caseworker. (By founders, incidentally, I have in mind persons such as Mary Richmond, Porter Lee, Edith Abbott, Shelby Harrison, and Bertha Reynolds.) The therapeutic function was part of their vision of social casework, but it was only one of several functions they thought caseworkers should perform. However, the history of social casework is in large measure a history of progressive constriction, elimination, and reduction of the functions of casework to the therapeutic or clinical function.[13] The other functions of the casework enterprise envisaged by its founders have either atrophied or have been relegated to marginal activities subsumed under the catch-all phrase, "environmental manipulation." I believe this trend ought to be reversed, not simply because the founders had a broader conception of the caseworker's mission, but because changing conditions and changing conceptions of the problems facing the profession require an expanded conception of casework.

Two functions that were explicit components of the casework enterprise in its early history have since atrophied. I select these two functions only as examples; they are not the only functions that have been neglected.

One is a function that currently is being revived under the rubric of "social broker." [14] The justification for this function resides in the fact that there are many persons who need services but do not know that these services are available; many others know that the services are available but do not know where to obtain them; others who know where to obtain services do not know how to get them or else face obstacles in seeking and obtaining them; and still others do not know how to gain the maximum benefits avail-

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[13] Bertha Reynolds's autobiographical book, *An Uncharted Journey: Fifty Years of Growth in Social Work* (New York: Citadel Press, 1963), is in part a chronicle of one person's efforts to maintain a broader conception of the casework mission in the face of her colleagues' more successful attempts to constrict it.

[14] For other discussions of this concept, see Charles F. Grosser, "Community Development Programs Serving the Urban Poor," *Social Work*, X, No. 3 (1965), 15–21; and Paul Terrell, "The Social Worker as Radical: Roles of Advocacy," *New Perspectives: the Berkeley Journal of Social Welfare,* I, No. 1 (1957), 83–88.

able to them. This function is vastly more important today than it was when Mary Richmond and her colleagues were preoccupied with it, because the maze of social welfare programs is far more complex and the social agencies are larger and more bureaucratic than they were in her day. Fortunately, however, we have an advantage not available to Mary Richmond, namely, a substantial body of knowledge concerning the dynamics of the welfare system and its constituent agencies. This body of knowledge could be applied—though by and large it has not been—to the performance of the social broker function, much as we have applied social and psychological knowledge in our performance of the therapeutic function.

The problem of getting what one wants and needs from the public welfare agency, the health department, the vocational rehabilitation agency, the psychiatric hospital, the public school—and on and on through the array of organizations with which persons must negotiate to get what they need—is no simple matter, as everyone knows from his own encounters with large, complex organizations. Increasingly, if a person is to gain from these agencies the benefits to which he is entitled, he requires an informed and skilled guide who knows the social welfare maze, knows the bureaucracy, and knows how to move it to get what the client needs and deserves. In our personal lives, we may be able to negotiate effectively with the organizations that directly affect us because we know how, the businessman is able to hire specialists to deal with the organizations on which he depends for services and benefits, but many of the persons we seek to serve lack the knowledge, skills, or resources to negotiate effectively with the organizations on which the satisfaction of their needs may depend.

Currently, the broker function is being revived, but only to a limited extent. As an outgrowth of the war on poverty, new careerists are being trained to perform this function. But evidence already is accumulating to indicate that subprofessionals can perform this function effectively only with professional guidance and direction and that in some instances they cannot perform it very effectively at all, partly because some of the problems encoun-

tered require the application of considerable skill and knowl-edge.[15] Recognition of the importance of this function also is evident in the growing interest in the creation of neighborhood information and referral centers. Thus far, however, discussion of such centers has been focused more on organizational considera-tions than on the roles to be performed and the knowledge and skills required for their effective performance.

Another function that was highly visible early in the history of social casework subsequently not only declined in significance but came to be regarded by some as inconsistent with the proper con-duct of casework practice. Some of the early leaders in casework saw one function of the caseworker as that of a person who ac-tively fought on the side of his client to help him meet his needs, realize his hopes and aspirations, and exercise his rights. The case-worker was to be his client's supporter, his adviser, his champion, and, if need be, his representative in his dealings with the court, the police, the social agency, and the other organizations that affected his well-being. In other words, the caseworker was to serve not only as a therapist or as a social broker, but also as an active advocate of the client's cause in relation to the various so-cial organizations.[16] Currently, we are being told by lawyers, who at last are becoming interested in social welfare problems in suffi-cient numbers to make a difference, that performance of the ad-vocacy function by social workers is essential both for the client to get what he is entitled to receive and for the social welfare system to operate as it is supposed to, especially as it becomes more insti-tutionalized. For instance, fair and equitable procedures in an or-ganization will remain such only if its clients are able to insist that the procedures be honored and to call the organization to task when it becomes lax. But many of the persons whom case-workers seek to serve, especially among the poor, will not exercise their rights, press their claims and needs, or appeal actions that

[15] Sherman Barr, "The Indigenous Worker: What He Is Not, What He Can Be," Fourteenth Annual Program Meeting, Council on Social Work Education, 1966.

[16] For other discussion of the advocacy role, see Grosser, *op. cit.;* Terrell, *op. cit.;* Earl C. Brennan, "The Casework Relationship: Excerpts from a Heretic's Note-book," *New Perspectives: the Berkeley Journal of Social Welfare,* I, No. 1 (1957), 65–67; and Scott Briar, "The Social Worker's Responsibility for the Civil Rights of Clients," *ibid.,* pp. 89–92.

adversely affect them unless someone performs the role of advocate, because many of these clients are too apathetic, feel too powerless, or are too uninformed to do so. Moreover, effective performance of the advocacy function would help to insure that agencies are attentive and responsive to the needs and desires of clients.

One example will illustrate the importance of the advocacy function. The California State Department of Social Welfare provides a fair hearing procedure to be used by a welfare recipient when he believes that the welfare agency has erred or has taken improper action in his case. There are over one million welfare recipients in California. During a one-year period, from 1965 to 1966, only 1,098 recipients, or less than one tenth of one percent of all recipients, used the fair hearing procedure. There is no doubt that the proportion of recipients who have legitimate grounds for requesting a hearing is substantially greater than one tenth of one percent. For one thing, this proportion is substantially below the rate of error in the agency's favor typically found in sample case record audits. What prevents more recipients from using this procedure? Based on some research I am currently completing, I would say one reason is that only a tiny fraction of recipients know about the fair hearing or how to apply for it, in spite of the fact that they are routinely given information about this procedure.[17]

A substantial proportion of recipients who obtain fair hearings win their appeals. And the recipient's chances of winning are doubled if he brings along someone to represent him. The recipient can select anyone he wants as his representative; rarely does he bring a lawyer, but the hearings are informal and a lawyer's skills and knowledge ordinarily are not necessary to represent the client. The client's caseworker frequently is required to be present, but he is expected to represent both the client and the agency, which prevents him from serving as his client's advocate. Bear in mind that the stakes for the client may be quite high, namely, the means to feed, house, and clothe his family. I suggest

[17] Scott Briar, "Welfare from Below: Recipients' Views of the Public Welfare System," *California Law Review*, LIV (1966), 370–85.

that the caseworker ought to be free to represent his *client's* cause in such situations. And the agency should want to have this function performed in order to discharge its commitment to the welfare of its clients.

Finally, it should be emphasized that performance of the advocacy function to the point where the client has the experience of making his wishes felt and having them acted on can enhance, sometimes dramatically, his sense of confidence, competence, and mastery and reduce the feelings of apathy and impotence many of our clients experience in their dealings with the organizations that affect their lives.

It also is important to see both the social broker and the advocate functions in a somewhat broader context. In my view, these functions must become institutionalized if the social welfare system is to operate as it should, no matter how well planned or enlightened it is otherwise. It would be a naïve and tragic mistake to view these as residual functions that need to be performed only because the social welfare system has not yet been perfected. On the contrary, the social welfare system cannot be perfected unless these functions are performed effectively. To argue otherwise is analogous to arguing that the fact that plaintiffs and defendants still need attorneys when they go to court is symptomatic of imperfections in the court system, that if the court system were perfected, lawyers would be unnecessary. The opposite is, of course, the case. That is, the court system as a system cannot operate properly unless the functions assumed by lawyers are performed.

I have discussed three functions that originally were conceived to be integral components of the caseworker's mission: the therapeutic function, the social broker function, and the advocacy function. Subsequently, casework became preoccupied with the therapeutic function at the expense of the others. The therapeutic function flourished and underwent sophisticated theoretical development to the point where it seemed to some that this was the *only* function of casework. Recently, research has raised grave questions about the effectiveness with which caseworkers perform their therapeutic function. I have argued that our re-

sponse to these questions should be vigorous innovation and systematic experimentation. I have also argued that we need to expand our conception of the casework mission to include other functions, not simply because they are part of our historic heritage but because the needs of our clients and the conditions of their lives require that we assume these responsibilities. Moreover, we should devote to these other functions the same measure of thought and skill we have long devoted to the therapeutic function, for the tasks these other functions impose on us are no less difficult or demanding than those we encounter in our therapeutic work.

I do not mean to imply that these three functions are the only ones I have in mind in calling for an expanded conception of social casework. I discussed the social broker and advocate functions as crucial examples to make the case for an expanded conception of casework. But there are other functions that caseworkers need to perform. For example, there is the vital and indispensable role that social caseworkers should be playing, as practitioners, in social policy-making. Caseworkers have virtually unique access to information indispensable to the development of sound social welfare policies and programs.

Moreover—and I cannot emphasize this point too strongly—I have in mind no fixed list of casework functions, because the central point is that these functions arise in response to the needs of the persons we seek to serve, the conditions of their lives, and our understanding of these needs and conditions. Consequently, as these needs and conditions and our knowledge of them change, our responses to them should be modified accordingly. It also follows from that, of course, that not all these functions are needed by every individual or family nor will any one caseworker necessarily perform all of them.

An expanded conception of social casework has many implications that deserve more detailed discussion than is possible here. However, two general implications are of crucial importance. First, vigorous innovation and experimentation in treatment methods and participation in the activities required in performing the advocate and social broker functions require that case-

workers have much greater professional autonomy and discretion than now prevail in many, if not most, social agencies. Ninety percent or more of all caseworkers practice in bureaucratic organizations, and the demands of such organizations have a tendency to encroach upon professional autonomy. Every attempt by the agency to routinize some condition or aspect of professional practice amounts to a restriction of professional discretion, and for that reason probably should be resisted, in most instances, by practitioners. But it will not be enough to resist bureaucratic restriction. We will need to roll back the restrictions that already constrain practice in order to gain the freedom essential to experiment, to discover new and better ways of helping the clients to whom we are primarily responsible. There are, of course, realistic limits to the amount of autonomy and discretion an organization can grant to the practitioner, but no one knows just where that limit is, and we cannot know until we have tried to reach it. It may be that when this limit is reached we will find it still too confining to engage in the kind of practice required to help some of our clients.

The second general implication is that the remedies I have proposed require a much closer relationship between practice and research than we have achieved thus far, because research is an indispensable tool in our efforts to improve the efficacy of casework. The relationships between the practitioner and the researcher continue to be problematic. There are good reasons to believe that in the long run the best solution to these problems may be to develop both sets of skills in the same person.

A brief quotation from Alfred Kahn concisely expresses a basic assumption underlying everything I have said:

Crucial to social work is an integrative view of needs . . . The real commitment, and the unique nature of the entire social work institution . . . is not to any one method or even one concept but rather to human need. The role is dynamic—and never completed. The danger is the loss of that flexibility essential to the recognition of new horizons and the undertaking of consequent responsibilities.[18]

[18] Alfred J. Kahn, "The Function of Social Work in the Modern World," in Alfred J. Kahn, ed., *Issues in American Social Work* (New York: Columbia University Press, 1959) , p. 16.

If we take seriously the view that the central commitment is to human need and if we keep our attention focused squarely on the needs of persons and the responsibilities these needs impose on the profession at all levels of systemic intervention, I believe the result must be an expanded and dynamic conception of the scope and multiple functions of the endeavor we call social casework.

Determinants and Objectives
of Social Group Work Intervention

by *RONALD A. FELDMAN*

Social group work is "a way of serving individuals within and through small face-to-face groups in order to bring about desired changes among the client participants." [1] According to this formulation the group is viewed as a "small social system whose influences can be managed to develop client abilities, to modify self-images and perspectives, to resolve conflicts, and to inculcate new patterns of behavior." [2] In contrast with various other treatment approaches utilizing a group setting the small group in social group work is considered as not only the context for treatment but also the means for service. [3] It can be presumed, therefore, that social psychological models of small group structure should constitute a central portion of the knowledge base of social group work and should serve as a basic resource for group work interventions directed toward the enhancement of client social functioning.

Eufunctional alterations of group structure have typically represented a major feature of group work practice. The operating, governing, and developmental patterns of small groups have frequently constituted preferred foci for worker interventions directed toward individual client change. Similarly, worker interventions at the individual level, including the active control of membership roles and the definition of goals and tasks for indi-

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[1] Robert D. Vinter, "Social Group Work," in Harry L. Lurie, ed., *Encyclopedia of Social Work* (New York: National Association of Social Workers, 1965), p. 715.

[2] *Ibid.*

[3] Rosemary C. Sarri and Robert D. Vinter, "Group Treatment Strategies in Juvenile Correctional Programs," *Crime and Delinquency*, XI (1965), 326–40.

vidual members, have been posited as crucial foci for effecting desirable alterations in group structure.[4]

Despite the central importance of group structure and of knowledge concerning its effects upon group members, the literature of social group work appears, for the most part, to be barren of group-level conceptualizations that promote either the systematic ordering of knowledge concerning groups or the elaboration of prescriptions for worker intervention designed to produce adaptive changes in group structure and individual functioning. Few theoretical frameworks have been subjected to the rigors of empirical examination, whereas others have been extraordinarily global in nature, thus diminishing their promise for meaningful application to group work practice situations. Silverman, following a review of major social work journals and books published between 1956 and 1964, concluded that 85 percent of the group work publications represented mere descriptions of programs, groups, or areas of practice, appeals for knowledge and direction of service, traditional statements of principles, historical articles, and comparisons of group work with more clinical orientations.[5] Only 15 percent represented the application of social science knowledge, reports of research or surveys, or innovations in practice theory. The proportion of this latter segment, which in turn focuses directly upon group structure, was not ascertained.

The infrequent references to group structure in the literature appear all the more surprising in view of the considerable effort devoted to delineation of criteria for the development of social work knowledge and for the application of social science knowledge to social work.[6] The dearth can probably be attributed to

[4] See, for example, Sallie R. Churchill, "Prestructuring Group Content," *Social Work*, IV, No. 3 (1959), 52–59; Irving Spergel, *Street Gang Work: Theory and Practice* (Reading, Mass.: Addison-Wesley, 1966); Robert D. Vinter, "The Essential Components of Social Group Work" (Ann Arbor, Mich.: University of Michigan School of Social Work, 1959; mimeographed).

[5] Marvin Silverman, "Knowledge in Social Group Work: a Review of the Literature," *Social Work*, XI, No. 3 (1966), 56–62.

[6] See, for example, Ernest Greenwood, "Social Science and Social Work: a Theory of Their Relationship," *Social Service Review*, XXIX (1955), 20–33; Jacob I. Hurwitz, "Systematizing Social Group Work Practice," *Social Work*, I, No. 3 (1956), 63–69; National Association of Social Workers, *Building Social Work Knowledge* (New York: The Association, 1964); William Schwartz, "Small Group Science and Group

numerous factors, including the relative immaturity of the social sciences and of modern social group work, the limited manpower and resources devoted to research in both areas, and the distinctive developmental patterns of each. In part, the gradual rate of development may also be related to certain values and attitudes widely shared within the social work profession which, although functional in certain respects, serve to retard systematization, codification, and generalization in social work. Harriett Bartlett, for instance, in referring to the rate of knowledge development in social casework, suggests that progress "has been slowed by an anti-intellectual attitude, resulting from the emphasis in casework on the uniqueness of the individual and the fear that analyzing and classifying problems will militate against the emotional sensitivity of the social worker." [7] The self-awareness concept, she notes, has been applied to the social worker's feelings but not to his knowledge and value assumptions.[8] Implicit in Bartlett's statement, and explicit as a central assumption of this discussion, is the contention that knowledge concerning small groups and individuals, although derived and categorized in a generalized manner, can serve further to individualize rather than deindividualize given clients and thus lead to more effective social work service.

In order to enhance the utility of the small group as a treatment vehicle it is posited that social group work should pursue at least three central objectives:

1. Varying modes, or bases, of group integration ought to be clearly defined both conceptually and operationally. If the structural components of groups are to be the objects of viable group work intervention they must be clearly distinguishable from one another and accessible to the group worker's direct and indirect efforts at intervention.

2. Systematic empirical investigation should take place in order to determine the relationship between each of the various modes,

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Work Practice," *Social Work*, VIII, No. 4 (1963), 39–46; Edwin J. Thomas, "Behavioral Science and the Interpersonal Helping Processes," Annual Meeting of the American Sociological Association, 1962 (mimeographed).

[7] Harriett M. Bartlett, "Characteristics of Social Work," in National Association of Social Workers, *op. cit.*, p. 11. See also David Fanshel, "Sources of Strain in Practice-oriented Research," *Social Casework*, XLVII (1966), 357–62.

[8] Bartlett, *op. cit.*, p. 11.

or bases, of group integration and the elaboration of adaptive client change, thus contributing to identification of the most crucial and productive foci for group work intervention.

3. Efforts should be made to identify those specific individual positions within various group structures that are most likely to be productive foci for group work intervention.

The intricacies of group structure have seldom been the subject of rigorous social work research. Terms such as "group integration" and "group cohesiveness," although frequently noted in the literature of sociology, social psychology, and social group work have rarely been examined at either the conceptual or the applied levels and consequently have been of limited value to practitioners. Their global, ill-defined natures render them extraordinarily resistant to operationalization and empirical study.[9] It has proved difficult, therefore, for group work practitioners systematically to influence the "integration" or "cohesiveness" of groups and accurately to anticipate the therapeutic outcomes of such alterations. In order to enhance the effectiveness of their treatment efforts workers must be able clearly to identify the various bases of group integration, differentiate them from one another, and within the ethical purview of social work influence them predictably and economically. It might be noted that these basic skills, involving the clarification and specification of worker activity, are not requisites for social group work alone. Kadushin, for instance, has expressed the need for similar skills in order to prevent the articulation of global, undifferentiated "Aunt Fanny" diagnoses in social casework. The diagnostic process, he notes, is one of "particularizing our generalizations so that we can differentiate this client from all other clients." [10] Likewise, determination of the structural characteristics of small groups can be meaningful, and can contribute to the formulation of specific and attainable treatment goals, only to the extent that the worker can

[9] For a discussion of the conceptual and operational inadequacies of the terms "group integration" and "group cohesiveness" see Ronald A. Feldman, "Interrelationships among Three Bases of Group Integration" (Berkeley, Calif.: University of California School of Social Welfare, 1967; dittoed) .

[10] Alfred Kadushin, "Diagnosis and Evaluation for (Almost) All Occasions," *Social Work*, VIII, No. 1 (1963) , 18.

clearly define those features of a given group that render it different from most other groups.

Group integration and group work intervention.—Following the identification of varying modes of group integration and determination of their accessibility to group work intervention, it is necessary to ascertain the extent to which each can facilitate the attainment of group work treatment goals. More specifically, it is necessary to examine the empirical relationship between each of the modes of group integration and the elaboration of desirable behavior change among group members. Although preliminary research need not necessarily be confined to social work clients, this task should ultimately be accomplished through empirical research with client groups. Such research should enable the worker to plan treatment-oriented interventions efficiently by indicating the extent to which each of the various modes of integration facilitates individual movement toward treatment goals.

Individual member integration and group work intervention.— To augment the group's effectiveness as a treatment vehicle the group worker, moreover, should be able to define those specific positions within various group structures that are most likely to be productive of desirable behavior change for their occupants. Thus, for example, workers should eventually be able to determine whether or not group members who strongly share the norms of their peers (members who are highly normatively integrated into the group) are markedly more or less receptive to group work change efforts than are members who occupy less normatively integrated positions. Similarly, workers may wish to determine whether or not occupation of certain positions in the affect structure, or other structures, of a group tends to enhance or diminish given members' receptiveness to group work treatment efforts. The knowledge base of group work should progress toward the delineation of crucial positions within group structures and toward empirical specification of their relative importance for group work change efforts.

In summary, then, the above goals are posited upon the following basic assumptions:

1. Various modes of group integration are identifiable, both conceptually and operationally, and are accessible to group work intervention.

2. Worker interventions in certain group structures are more likely to facilitate attainment of desired treatment goals than are worker interventions in other group structures.

3. Individuals who occupy certain positions within given group structures are likely to be more amenable to selected group work change efforts than are individuals who occupy other positions.

THREE MODES OF GROUP INTEGRATION AND INDIVIDUAL MEMBER INTEGRATION

The notion of group integration generally refers to the regularity and coordination of behavior among the members of a group.[11] Such a perspective focuses upon the extent of patterned social interaction among group members. Although numerous bases of group integration can be posited, three particular ones of especial relevance for social group work have been selected for the present study: normative integration, interpersonal integration, and functional integration.

Normative integration.—Norms have been defined as behavioral rules that are accepted by all or most members of a group.[12] Normative integration of a group, therefore, will refer to the degree of group members' consensus about norms regarding certain types of group-relevant behavior. Similarly, an individual's normative integration into a group will refer to the extent that any given person shares the norms of his fellow group members. In the present investigation no value judgments will be conferred upon the norms selected for study. Hence normative integration will refer only to the extent of group members' consensus concerning norms and not to whether the norms can be classified as more or less "desirable."

[11] Theodore M. Newcomb, Ralph H. Turner, and Philip E. Converse, *Social Psychology: the Study of Human Interaction* (New York: Holt, Rinehart, and Winston, 1965) , p. 369.
[12] John W. Thibaut and Harold H. Kelley, *The Social Psychology of Groups* (New York: John Wiley, 1959) , p. 129.

In order to measure both group and individual normative integration an index was devised based upon group members' responses to a questionnaire consisting of twenty normative items.[13] Groups characterized by great member consensus were considered to be highly normatively integrated, whereas groups in which little consensus prevailed were considered low in normative integration. Likewise, individual members who consistently shared the norms of the group were considered to be highly normatively integrated, whereas individuals who rarely shared those norms were considered to be characterized by low normative integration into the group.

Interpersonal integration.—Interpersonal integration refers to that mode of group integration based upon the group members' liking for one another. The present formulation emphasizes the reciprocal nature of interpersonal integration. Depending upon the extent to which an individual likes his fellow group members and, in turn, is liked by them, he can be interpersonally integrated into a group to varying degrees. Thus, for example, although an individual may greatly like his peers, it clearly cannot be presumed that he is highly interpersonally integrated into the group if those peers dislike him. Conversely, a group member could not be considered highly interpersonally integrated into a group if his peers expressed considerable liking for him but he did not reciprocate that liking.[14] In the present study interpersonal integration was determined by asking each subject to rate his fellow group members according to the question, "How much do you like him (her)?" One of five responses, ranging from, "I like him (her) very much," to "I dislike him (her) very much," could be checked and was utilized as the basis for index construction.[15] Interpersonal integration of a group, then, refers to the average of all such ratings for any given group, that is, to the general extent of interpersonal liking within the group.[16] An indi-

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[13] Details of index construction, including a copy of the normative integration questionnaire, are reported in Feldman, *op. cit.*

[14] The reciprocal nature of social phenomena such as attraction and interpersonal integration is clearly expressed in Blau. See Peter M. Blau, "A Theory of Social Integration," *American Journal of Sociology,* LXV (1960), 545–56.

[15] For details of index construction see Feldman, *op. cit.*

[16] Sociologists and social psychologists have often equated concepts such as interpersonal integration or interpersonal attraction with "group cohesiveness." See, for

vidual's interpersonal integration into the group refers to the average of the liking scores that a person assigns to all other group members and receives from them.

Functional integration.—Functions have been defined as regularly performed specialized activities that serve one or more requirements of a group.[17] It will be assumed that at least three major functional requirements must be satisfied by most small groups: (1) goal attainment; (2) pattern maintenance; and (3) external relations.[18] The goal attainment function refers to the capacity of a group to progress toward whatever goals have been explicitly or implicitly selected by its members. The function of pattern maintenance refers to the capacity of a group to maintain harmonious and consistent intragroup relations. The external relations function refers to the capacity of a group to maintain viable relationships with other groups.

In order to measure both group and individual functional integration, subjects were asked to rate each member in their group according to his ability to perform the three foregoing functions.[19] An individual's functional integration into a group, then, refers to his perceived effectiveness at performing the functions of goal attainment, pattern maintenance, and external relations for the group. Individuals who receive high ratings on the three functions are considered highly functionally integrated into the group and, conversely, individual functional integration into the group is considered low if low ratings are received on the three functions.

Functional integration of a group refers to the effectiveness of

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example, Dorwin Cartwright and Alvin Zander, eds., *Group Dynamics: Research and Theory* (2d ed.; Evanston, Ill.: Row, Peterson and Co., 1960), pp. 95–162; Leon Festinger, Stanley Schachter, and Kurt W. Back, *Social Pressures in Informal Groups* (New York: Harper and Brothers, 1950); Albert J. Lott and Bernice E. Lott, "Group Cohesiveness as Interpersonal Attraction: a Review of Relationships with Antecedent and Consequent Variables," *Psychological Bulletin,* LXIV (1965), 259–309; Leonard Weller, "The Effects of Anxiety on Cohesiveness and Rejection," *Human Relations,* XVI (1963), 189–97.

[17] Ronald Freedman, *et al., Principles of Sociology* (rev. ed.; New York: Holt and Co., 1956), p. 204.

[18] See Talcott Parsons, *The Social System* (Glencoe, Ill.: Free Press, 1951); George C. Homans, *The Human Group* (New York: Harcourt, Brace, & World, 1950).

[19] Detailed data regarding index construction, including copies of the questionnaire items, are reported in Feldman, *op. cit.*

TABLE 1

Expected Functional Integration of Groups Characterized
by High or Low Complementary Specialization
and Functional Effectiveness

		Complementary Specialization	
		High	*Low*
Functional effectiveness	*High*	High functional integration	Moderate functional integration
	Low	Moderate functional integration	Low functional integration

group members in performing the three foregoing functions *and* to the extent of complementary specialization among the group members. Hence effectiveness is not the sole criterion of group functional integration; the extent to which responsibility for the performance of key functions is distributed among the group's members is also considered. Thus, for example, a group in which all three key functions are effectively performed by only one member would be considered less functionally integrated than a group in which two or more members effectively perform those functions. In essence, the notion of complementary specialization refers to the extent of functional interdependence among group members. In children's residential camping, for instance, a cabin group characterized by high functional integration would be one in which some members usually suggest the ideas for group activities and/or the means for successfully accomplishing them (goal attainment function), certain other members effectively prevent and/or resolve conflicts within the group (pattern maintenance function), and several others effectively represent the cabin at intergroup meetings (external relations function). In contrast, a group characterized by low functional integration would be one in which the same individual usually assumes responsibility for performance of all three functions or one in

which none of the members is found to perform the functions effectively. Table 1 schematically indicates the expected functional integration of groups characterized by varying combinations of high or low effectiveness and complementary specialization.

EXPERIMENTAL SITUATION

In order to facilitate the systematic study of conformity, subjects were asked to participate in a brief experimental situation designed to measure their tendencies to conform to the perceived expectations of peers. Knowledge regarding conformity behavior (that is, behavior reflecting the successful influence of other group members) [20] may be considered pertinent for social group work in at least two respects. Conformity, whether the result of overt or covert change pressures from one's peers, may constitute the first in a series of behavioral modifications leading to the development of internalized adaptive change.[21] Also, the tendency to conform to peer expectations may serve as a rough indicator of an individual's receptiveness to change through group work methods.

Since functional, interpersonal, and, especially, normative integration develop over considerable periods of time, laboratory groups were deemed undesirable for the study. The subjects selected were members of sixty-one cabin groups at four residential summer camps for children. Two of the camps were conducted by community-sponsored organizations, were coeducational, and served predominantly middle-class Jewish children. The other two camps were conducted under private auspices and served predominantly middle-class and lower-upper-class Jewish children. One private camp was coeducational, and the other served boys only.

A total of 538 subjects, ranging in age from nine to sixteen

[20] Bernard M. Bass, "Conformity, Deviation, and a General Theory of Interpersonal Behavior," in Irwin A. Berg and Bernard M. Bass, eds., *Conformity and Deviation* (New York: Harper and Brothers, 1961), pp. 38–100.

[21] See Herbert C. Kelman, "The Role of the Group in the Induction of Therapeutic Change," *International Journal of Group Psychotherapy*, XIII (1963), 399–432.

years, constituted the cabin groups. There were 34 boys' groups, comprised of 288 subjects, and 27 girls' groups, comprised of 250 subjects. Group size varied from six to thirteen members. The average number of members per cabin group was 8.8 and the mode was 10. At all four camps cabin members took their meals together and frequently participated in recreational and work activities as a unit. Group members at the two community-sponsored camps had lived together for slightly more than two weeks prior to the experiment, whereas most of those at the two private camps had lived together for more than six weeks.

Conformity experiment.—The most important features of the conformity experiment were as follows.[22] A trained experimenter met separately with the members of each cabin group and announced that all the cabins in their unit were to compete for a prize. The subjects were shown a drawing of an American Indian symbol and were asked to select, from a list of eleven possible answers, the single object they thought to be represented by the symbol.[23] Each subject was given an answer sheet and was asked to circle his choice. Following selection of their answers the experimenter informed the subjects that he would tabulate their responses, report the two "leading choices," and offer everyone a second opportunity to select an answer. Subjects were informed, furthermore, that they would be expected to report publicly their second answers to the group following completion of the experiment and that the cabin in the unit with the highest proportion of correct answers would be awarded the prize. Following selection of the subjects' initial answers the tabulations were reported by the experimenter in such a manner as to lead each group member to believe that everyone in the group except himself had selected

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[22] Full details of the experimental situation are reported in Ronald A. Feldman, "Three Types of Group Integration: Their Relationship to Power, Leadership, and Conformity Behavior" (unpublished doctoral dissertation, Ann Arbor: University of Michigan School of Social Work, 1966).

[23] The two symbols were utilized for different purposes in a study by Bachrach *et al.* See Arthur J. Bachrach *et al.*, "Group Reinforcement of Individual Response Experiments in Verbal Behavior," in Berg and Bass, eds., *op. cit.*, pp. 258–85. In order to control for the effects of expertise the true answers were omitted from the list of eleven choices.

one of the two leading choices. In actuality, however, none of the group members had selected the two answers reported as "leading choices." Conformity behavior was then measured by determining whether or not the subject, for his second choice, shifted his selection to one of the announced leading choices. In order to assure a more conservative measure of conformity, that is, to increase the likelihood that the conformity measure actually reflected a tendency to conform toward the perceived expectations of peers, the experiment was immediately repeated, utilizing a different symbol and a different list of eleven possible answers. Only those group members who conformed on *both* tests were classified as "conformers." Following termination of the experiment the subjects were informed that it was unnecessary to divulge their answers and that they need not do so. All the cabin groups were then brought together, the true purpose of the experiment was explained, and, if permitted by camp policy, each participant was awarded a prize. Utilizing this design it was possible, therefore, to classify certain group members as "conformers" or "nonconformers" and to determine the proportion of "conformers" and "nonconformers" in each group.

<center>RESULTS</center>

Relationships among modes of group integration.—For the groups studied, it was found that functional integration and interpersonal integration are highly correlated in a positive direction. That is, groups characterized by effective goal attainment, pattern maintenance, and external relations, and in which responsibility for performance of those functions is distributed among many members, tend to be characterized by high degrees of reciprocal liking. Conversely, groups that are relatively ineffective in the performance of such functions, or in which responsibility for their performance is monopolized by one or a few members, tend to manifest low levels of interpersonal liking. Similarly, group normative integration is positively correlated with interpersonal integration, but to a much lesser extent than is

functional integration.[24] Hence consensus regarding group-relevant norms appears to be frequently accompanied by high interpersonal liking among group members. Conversely, low consensus regarding norms appears to be frequently accompanied by low interpersonal liking.

In contrast to these findings, group normative integration and functional integration exhibit a very weak correlation. Hence consensus regarding norms does not necessarily correspond with effective and shared member efforts toward goal attainment, pattern maintenance, and external relations. For all three modes of group integration girls' groups exhibited greater integration than did boys' groups. Larger groups tended to attain somewhat higher levels of functional integration than did smaller ones.[25] A similar tendency for interpersonal integration was less pronounced, and there was no clear trend in the case of normative integration. Integration scores varied somewhat according to camp; however, only in the case of interpersonal integration was there a marked tendency for groups at the private camps to attain scores different from those at the community-sponsored camps.[26] Group members'

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[24] Using somewhat analogous measures, Gross reported empirical evidence supporting the conclusion that both functional integration and normative integration are positively related to interpersonal integration, but that the former relationship is stronger than the latter. See Edward Gross, "Symbiosis and Consensus as Integrative Factors in Small Groups," *American Sociological Review*, XXI (1956), 174–79. Indirect supporting evidence for the observed relationship between group functional integration and interpersonal integration is also provided by a number of other investigations. See, for example, Everett W. Bovard, Jr., "The Experimental Production of Interpersonal Affect," *Journal of Abnormal and Social Psychology*, XLVI (1951), 521–28; Wilbert J. McKeachie, "Individual Conformity to Attitudes of Classroom Groups," *Journal of Abnormal and Social Psychology*, XLIX (1954), 282–89; Dorothy McBride Kipnis, "Interaction between Members of Bomber Crews as a Determinant of Sociometric Choice," *Human Relations*, X (1957), 263–70. Numerous studies also indirectly support the observed relationship between group normative integration and interpersonal integration. See, for instance, Richard M. Lundy, "Self Perceptions and Descriptions of Opposite Sex Sociometric Choices," *Sociometry*, XIX (1956), 272–77; Theodore M. Newcomb, *The Acquaintance Process* (New York: Holt, Rinehart, and Winston, 1961); Joseph A. Precker, "Similarity of Valuings as a Factor in Selection of Peers and Near-Authority Figures," *Journal of Abnormal and Social Psychology*, XLVII (1952), 406–14.

[25] In part, this tendency may be an artifact of the functional integration index. For a detailed explanation see Feldman, "Interrelationships . . ."

[26] Interpersonal integration scores tended to be higher for groups at the private camps than for groups at the community-sponsored camps. This finding may be related to one or more variables that differentiate groups at the two camps. Thus,

ages exhibited no systematic relationship to any of the group integration measures.

In so far as the findings can be generalized to groups typically assigned to professional group workers, a number of tentative suggestions can be set forth regarding the preferential selection of social group work intervention strategies. If, for instance, a worker's main objective is the enhancement of interpersonal liking among the group's members, these findings suggest the efficacy of interventions directed toward maximization of the group's functional and normative integration. Therefore, program activities designed to facilitate the development of functional interdependencies and to facilitate the elaboration or clarification of shared norms, such as camping trips or other group projects, would probably constitute more effective intervention strategies than ones which deemphasize those features, such as free swimming activities.[27]

Even more important, in view of the data, is the indication that group functional integration rather than normative integration should be a preferred locus for worker intervention. Positive intervention in group functional integration, it appears, would be more likely to result in enhanced interpersonal liking than would similar intervention in group normative integration. Moreover, it seems apparent that programing skills could be more flexibly and effectively utilized toward intervention in the functional structures of groups than in their normative structures since the latter tend to change only very gradually.[28] Direct or indirect alloca-

for instance, group members at the private camps had lived together for longer periods of time, prior to data collection, than had members at the community camps. Also, as noted previously, group members from the private camps generally came from families of high socioeconomic status.

[27] Considerations regarding group work programing have been discussed in detail by a number of writers. See, for example, Paul Gump and Brian Sutton-Smith, "Therapeutic Play Techniques," *American Journal of Orthopsychiatry*, XXIV (1955), 755–60; Fritz Redl, "The Impact of Game Ingredients on Children's Play Behavior," in Bertram Schaffner, ed., *Group Processes: Transactions of the Fourth Conference, 1959* (New York: Josiah Macy Jr. Foundation, 1959), pp. 33–81; Fritz Redl and David Wineman, *Control from Within* (Glencoe, Ill.: Free Press, 1952), pp. 76–152; Robert D. Vinter, "Program Activities: an Analysis of Their Effects on Participant Behavior" (Ann Arbor: University of Michigan School of Social Work, 1960; mimeographed).

[28] See, for example, Ferenc Merei, "Group Leadership and Institutionalization," in

tion of certain roles among group members,[29] or facilitation of members' efforts toward goal attainment, pattern maintenance, or external relations, would be likely to promote the growth of reciprocal liking.[30] In contrast, if the worker's efforts should be directed toward diminution of interpersonal liking among group members,[31] countervailing intervention strategies would be indicated.

These findings also serve to forewarn the group worker against interventions that might otherwise prove to be maladaptive or inefficient. They further question, for instance, the efficacy of intervention in group normative structures since it appears that alterations in normative integration are unlikely to produce clearly predictable effects upon the key variable of functional integration. They also raise the possibility that worker intervention in the functional integration of groups may, indeed, produce conflicting effects upon group interpersonal and normative integration. Although increments in group functional integration are likely to enhance interpersonal integration, it is possible that, through increased specialization and diversification of role expectations, they could simultaneously lead to decreased member consensus concerning norms. Hence group work interventions, especially if they are likely to stimulate countervailing tendencies, must be directly based upon the worker's treatment goal priorities for individual group members.

Modes of group integration and conformity behavior.—Table 2 reports the percentage of conformers, based upon the experimental situation just discussed, found in groups of varying type and

Eleanor E. Maccoby, Theodore M. Newcomb, and Eugene L. Hartley, eds., *Readings in Social Psychology* (3d ed.; New York: Holt, Rinehart, and Winston, 1958), pp. 522–32.

[29] Vinter, "The Essential Components of Social Group Work Practice," pp. 13–14.

[30] Numerous descriptions of such social work interventions are provided in the literature. See, for example, Gisela Konopka, *Social Group Work: a Helping Process* (Englewood Cliffs, N.J.: Prentice-Hall, 1963); Bernice E. Lott and Albert J. Lott, "The Formation of Positive Attitudes toward Group Members," *Journal of Abnormal and Social Psychology*, LXI (1960), 297–300; Henry W. Maier, ed., *Group Work as Part of Residential Treatment* (New York: National Association of Social Workers, 1965); Redl and Wineman, *op. cit.*; Frank Riessman, "The 'Helper' Therapy Principle," *Social Work*, X, No. 2 (1965), 27–32.

[31] See, for example, Spergel, *op. cit.*; Lewis Yablonsky, *The Violent Gang* (Baltimore: Penguin Books, 1966).

extent of integration. It is seen that larger proportions of members conform in highly integrated groups, for each of the three modes of group integration, than in groups characterized by low integration. Although the results do not attain high levels of statistical significance, they tend to suggest that groups characterized by high normative consensus, great interpersonal liking, and effective shared performance of key functions are likely to produce stronger conformity pressures than groups that are markedly deficient in such qualities.[32] All the observed relationships between modes of group integration and conformity behavior, however, are not monotonic since it is seen, in the case of interpersonal integration, that the greatest incidence of conforming behavior occurs in groups that are moderately integrated. Hence it appears that high degrees of interpersonal liking among group members provide them with the opportunity occasionally to act contrary to group conformity pressures without incurring undue peer hostility or sanctions.[33]

Following mathematical adjustments for the effects of sex, age, camp, and group size it was found that slightly larger proportions of group members conformed in girls' groups than in boys' groups. Furthermore, camp milieu was shown to bear a distinct relationship to conformity behavior. Significantly larger proportions of group members conformed at the private camps than at the community-sponsored camps. However, the reasons for this observation cannot be readily inferred from the data collected. A number of characteristics other than social class could have differentiated subjects at the two types of camps. Thus, for instance, subjects at the private camps lived together for longer periods of time prior to experimentation than did subjects at the commu-

[32] Following extensive reviews of the relevant literature several other investigators have also concluded that groups characterized by high functional integration, or analogous features, are likely to be characterized by strong conformity pressures. See, for example, Bernard Berelson and Gary A. Steiner, *Human Behavior: an Inventory of Scientific Findings* (New York: Harcourt, Brace, & World, 1964), pp. 325–61; and Robert R. Blake and Jane S. Mouton, "Conformity, Resistance, and Conversion," in Berg and Bass, eds., *op. cit.*, pp. 1–37.

[33] This interpretation is similar to Hollander's notion of "idiosyncrasy credits." Hollander, however, refers to task competence rather than to interpersonal integration. See E. P. Hollander, "Conformity, Status, and Idiosyncrasy Credit," *Psychological Review*, LXV (1958), 117–27.

TABLE 2

Percentage of Conformers in Groups of Varying Normative,
Functional, and Interpersonal Integration

Type and Extent [a] of Group Integration	Percent of Conformers	N
Normative integration		
Low	39.8	21
Medium	39.4	20
High	43.1	20
		61
Functional integration		
Low	37.5	12
Medium	39.8	36
High	46.4	13
		61
Interpersonal integration		
Low	34.8	21
Medium	45.3	20
High	42.5	20
		61

[a] Low, medium, and high categories were derived by trichotimization of groups on the basis of index scores. Analysis of difference between low and high categories for normative integration, functional integration, and interpersonal integration (difference of proportions test, one-tailed) results in respective p values of .39, .30, and .26.

nity camps. Social class, time spent together, and other distinguishing factors (such as differences in staff composition, programing, and so forth) could plausibly serve to mediate additional undetermined factors that influence the conformity behavior of group members.

Pending replicative studies more directly linked to group work practice situations these findings suggest the efficacy of certain additional group work intervention strategies. Thus, for instance, in order to maximize peer group conformity pressures and, therefore, to enhance the effectiveness of the group as a treatment vehicle, it would appear advisable for practitioners to work toward the development of high levels of normative and functional, but

only moderate levels of interpersonal, integration within their groups. In contrast, if individual members' treatment goals can be most readily attained through the weakening of peer group conformity pressures, the worker's efforts should be directed toward the development of low levels of normative, functional, and interpersonal integration.

Relationships among modes of individual member integration. —Analysis of the data reveals that functional integration and interpersonal integration are strongly correlated at the individual level. That is, the tendency for individuals to perform major group functions effectively appears to correspond with the tendency for them to like, and to be liked by, their peers. In contrast, however, individuals' normative integration into groups appears to manifest a markedly weaker association with interpersonal integration. Hence adherence to peer group norms does not necessarily correspond with liking for, or from, the members of a group. Likewise, in view of the low correlation between normative integration and functional integration, it appears that the effective performance of key group functions does not necessarily correspond with adherence to the group's norms. Nor, conversely, is adherence to group norms necessarily a concomitant of effective functional performance.[34] For all three individual integration measures girls were found to be somewhat more highly integrated into their groups than were boys.

If, based upon the above empirical generalizations, a group worker wished to increase a given member's interpersonal integration into the group (that is, to increase the individual's liking for the group's members and to increase their liking for him), an effective focus for worker intervention would appear to be the member's capacity to perform necessary functions for the group. Thus, for instance, the worker might directly attempt to enhance the member's skills in certain activities or to develop recognition of

[34] Some authors have suggested that effective group leaders must occasionally be able to deviate from group norms or elaborate new norms in order to introduce innovative solutions to problems confronting the group. See, for instance, Fred E. Fiedler, "The Leader's Psychological Distance and Group Effectiveness" in Cartwright and Zander, eds., *op. cit.*, pp. 586–606; Hollander, *op. cit.*; George C. Homans, *Social Behavior: Its Elementary Forms* (New York: Harcourt, Brace, & World, 1961).

the need for, and skills essential to, group harmony. Or, through the skillful use of programing the worker might indirectly promote group activities that facilitate the exhibition of effective, but rarely displayed, member skills.[35] The efficacy of such prescriptions, however, is not likely to be especially novel to the group worker with a modicum of practice experience. On the other hand, the data also suggest that worker activity directed toward the clarification and acceptance of group norms for a given member may not be especially likely to facilitate great interpersonal integration into the group for him. Likewise, neither would increased member adherence to group norms seem especially likely to result in significantly greater functional integration.

Modes of individual member integration and conformity behavior.—Table 3 indicates that members who are highly interpersonally integrated into a group tend to be more likely to conform to peer group pressures than those who are less integrated. The greatest proportion of conformers are found among those group members who express considerable liking for their peers and who, in turn, are greatly liked by them.[36] The opposite trend, however, is noted for the relationship between conformity behavior and an individual's functional integration into the group. Those individuals who are least functionally integrated exhibit the greatest frequency of conforming behavior, whereas those who are moderately or highly functionally integrated conform less frequently. It appears, therefore, that occupation of a marginal position, or of a group position that contributes little or nothing toward the group's functional effectiveness, is associated with heightened susceptibility to peer group conformity pressures. The immediate sources of such heightened susceptibility, however,

[35] See, for example, Gump and Sutton-Smith, *op. cit.;* Redl and Wineman, *op. cit.;* Vinter, "Program Activities . . ."

[36] In general, most investigators have concluded that the relationship between interpersonal integration and conformity behavior is a positive monotonic one. See, for instance, Berelson and Steiner, *op. cit.;* Albert J. Lott and Bernice Eisman Lott, "Group Cohesiveness, Communication Level, and Conformity," *Journal of Abnormal and Social Psychology,* LXII (1961), 408–12; Stanley S. Schachter, "Deviation, Rejection, and Communication," in Cartwright and Zander, eds., *op. cit.,* pp. 260–85. Exceptions to their conclusions, however, have been raised by a number of other investigators. See, for example, Edward L. Walker and Roger W. Heyns, *An Anatomy for Conformity,* Englewood Cliffs, N.J.: Prentice-Hall, 1962.

cannot be readily inferred from the above data. Thus, for instance, whether or not such conforming behavior can be traced to the ambiguous role expectations associated with a nonintegrated position or to other sources of role strain is unclear.[37] In the case of normative integration it is observed that the probability of

TABLE 3

Average Individual Member Conformity Scores

Type and Extent [a] of Individual Integration	Conformity Score	N
Normative integration		
Low	.36	175
Medium	.44	195
High	.40	168
		538
Functional integration		
Low	.44	179
Medium	.38	179
High	.38	180
		538
Interpersonal integration		
Low	.38	179
Medium	.38	178
High	.43	181
		538

[a] Low, medium, and high categories were derived by trichotimization on the basis of index scores. Analysis of the difference between low and high categories for normative integration, functional integration, and interpersonal integration (difference of proportions test, one-tailed) results in respective p values of .16, .07, and .11.

[37] Explanations for related observations have been set forth by a number of investigators. See Bilka F. Mannheim, "Reference Groups, Membership Groups and the Self Image," *Sociometry*, XXIX (1966), 265–79; Leonard Berkowitz and Richard M. Lundy, "Personality Characteristics Related to Susceptibility to Influence by Peers or Authority Figures," *Journal of Personality*, XXV (1957), 306–15; James E. Dittes, "Attractiveness of Group as Function of Self-Esteem and Acceptance by Group," *Journal of Abnormal and Social Psychology*, LIX (1959), 77–82; John M. Darley, "Fear and Social Comparison as Determinants of Conformity Behavior," *Journal of Personality and Social Psychology*, IV (1966), 73–78; William C. Morse and David Wineman, "The Therapeutic Use of Social Isolation in a Camp for Ego-disturbed Boys," *Journal of Social Issues*, XIII, No. 1 (1957), 32–39.

conforming behavior is greatest among those group members who are moderately integrated into the group and lowest among those who are least integrated into it. It would appear, then, that prior adherence to group norms is not an especially effective predictor of future conforming behavior but that prior nonadherence suggests a relatively low probability of conforming behavior.

Depending, then, upon the group worker's specific treatment goals for individual members, the findings suggest the efficacy of varying group work intervention strategies. To enhance a given member's receptiveness to peer group change pressures, for example, the worker would be advised to promote greater interpersonal integration for him. Likewise, further to enhance the member's receptiveness to such pressures the worker's efforts should be directed, through programing and other means, toward decreased functional integration into the group. It should be emphasized, however, that the efficacy of such intervention strategies must be considered within the total framework of treatment goals for a given individual. Whatever gains accrue to the worker in terms of enhanced member receptiveness to peer group pressures, for instance, might be at the cost of lowering the member's self-esteem or sense of individual competence. If, in contrast, the worker's treatment goals consist of strengthening a given member's resistance to peer group pressures, the appropriate treatment strategies seem clearly indicated: to lessen his adherence to group norms, to decrease his interpersonal integration into the group, and to enhance his ability to perform important functions for the group thus, in effect, decreasing his dependence upon the peer group.

The study described here represents one conceptual and empirical approach designed to investigate the nature of group integration and to determine the relevance of the concept for social group work. It should be considered as only an initial effort leading to research more directly focused upon group work practice settings. Its foremost utility, it is posited, rests in the elaboration of one type of conceptual and research model designed to study group level, as well as individual level, variables and their relevance for social group work practice. Additional effort must be

devoted to the investigation of group level variables, other conceptual and operational techniques must be created, and, ultimately, treatment-oriented research must be conducted or replicated with appropriate groups of social work clients. Further examination of varying modes of group and individual integration appears warranted, in general, to expand the knowledge base of social group work and, in particular, to identify the unique features of small group structure that contribute to the attainment of social group work objectives.

Perspectives on Community Organization Practice

by ROBERT PERLMAN and ARNOLD GURIN

ALMOST THIRTY YEARS HAVE PASSED since Robert Lane reported to the NCSW in 1939 the results of a two-year exploration designed to define, describe, and characterize the nature of community organization. The Lane report is a major reference point in the history of the professionalization of social welfare. It represented above all else an attempt to define a place within the profession of social work for a group of tasks and activities which had been somewhat peripheral to the central focus of the emerging profession.

It is a humbling experience so many years later to report on another project designed to comprehend the nature of community organization in social welfare and its place in schools of social work. It would be reassuring to be able to say that the formulations of thirty years ago are quaint, antiquarian relics, hopelessly naïve in the light of our much greater contemporary knowledge and more sophisticated concepts. It is quite the opposite of reassuring to reread the Lane report and to find that it is hard to improve on the clarity of its statements in those areas where there was clarity and that it continues to be difficult to resolve those issues which the Lane report left unresolved.

This is not to say that the world has stood still during the past three decades. The world has changed dramatically, as have the problems of social welfare and the specific content of the tasks that community organization workers are called upon to perform.

Since the Lane report there have been several major statements which sought to describe community organization practice in conceptual terms, but there is something of a paradox in this history. Although knowledge and experience have undoubtedly grown, there has not been a cumulative and parallel growth in conceptualization. Instead, a number of issues seem to have recurred over the years, and positions related to those issues have been reformulated from time to time without being settled. These issues concern the definition of community organization practice and the identification of its elements, the place of community organization within the profession of social work, the role of the professional community organization worker, and the attempt to determine what makes for effectiveness in practice.

One is led to ask why over so many years there should be such great difficulty in resolving these fundamental issues. Why is there this struggle to define and describe a phenomenon that was visible to people through their own experience? To some extent this involves the general difficulties facing all the social sciences in their efforts to conceptualize from complex reality. However, the specific problems of conceptualizing community organization practice are closely related to the struggle of social work to achieve acceptance of its status as a profession within American society and to resolve different points of view as to the goals of the profession and the specific character of its contribution to society.

It is important to recall that social work has emerged as a profession out of a widely dispersed set of functions related to people unable in a variety of ways to meet the demands of society. Historically, these functions arose in different places at different times in relation to different kinds of needs. It was the emergence of a group of functionaries serving various institutions that has tied together such diverse fields as public assistance, family and child welfare, physical and mental health, rehabilitation, corrections, neighborhood improvement, and many others.

This is the underlying situation that has given rise to the recurring problem of whether to define community organization as a "field," a "process," or a "method." The basic pattern was set

by the pioneering caseworkers who defined the unique contribution of casework and therefore its claim to professional status in terms of a distinctive methodology, which was presumably applicable across a variety of fields and functions. This methodology was always practiced within a particular setting that involved the performance of specialized functions, such as surrogate parental care, medical care, income maintenance, and the like. Nevertheless, the emphasis was placed on the methodology of working with the individuals served by the institutions rather than on the specialized functions of the institutions. Casework (and later group work) never fully resolved this duality, and as a result, specializations, such as medical social work and psychiatric social work, developed within casework.

This issue is reflected in the history of community organization. Even more than casework and group work, community organization—perhaps because it is the latest claimant to professional status—is the area of social work in which professional practice is most intimately and distinctively related to specialized settings and functions. It is therefore the most difficult area in which to separate out and define a single methodology. The Lane report assumed that community organization was both a field of activity involving certain coordinating and administrative functions within the field of social welfare and a methodology that could be used in a variety of settings. This stated the issue but did not make a choice between "field" and "process." Instead, the author of the report proposed a functional definition of community organization as an attempt "to bring about and maintain a progressively more effective adjustment between social welfare resources and social welfare needs." [1]

Although a definition so broad tended to raise more questions than it resolved, the relationship between needs and resources has remained relatively constant as a frame of reference for many of the positions developed during the intervening years. Some of the later formulations stressed working with individuals and groups

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[1] The citations from the Lane report and subsequent writers are taken from Ernest B. Harper and Arthur Dunham, *Community Organization in Action* (New York: Association Press, 1959), Part II, pp. 51–158.

to help them articulate and act on their needs; other formulations emphasized working with institutions to strengthen their programs and services. Another very influential line of thought stressed the common elements among community organization, casework, and group work by focusing on the process of adjustment between the individual and social institutions. A clear expression of this point of view was given by Kenneth Pray, who insisted that community organization was concerned neither with change in the individual nor with change in the social institution, but rather with the more effective adjustment between the two. His approach did not rule out the objective of changing institutions, but this was to be achieved only through helping individuals and groups to identify their needs and find appropriate means for meeting them.

Without using the word, Pray delineated the enabler concept which has dominated the writings on the role of the social worker in community organization. Many of the writers who followed Pray were more concerned with social change; but they also equated professional practice with working directly with individuals and groups in order to improve their interrelationships and social functioning. Murray Ross, whose book was the basic text for a decade or more of social work students in community organization, was very much in this tradition. Theoretical underpinning for that emphasis was provided by the work of Lippitt and his associates who applied the concepts of group dynamics to a theory of planned change. The community became defined as a client and community organization as a process or method completely consonant with casework and group work—the community was merely a larger aggregate of individuals than were dealt with by the other two methods.

As one looks back at the evolving definitions of community organization, the literature often reads as though there were something "out there" which *is* community organization and that the attempt to define it is simply a process of discovering what it really is. This overlooks the fact that the act of defining is a normative process. It involves value judgments, implicit or explicit, about what is "out there" and how to deal with it. Through the years there has been a parade of interest and activity

in welfare councils, neighborhood organization, community development, organizing the participation of the poor, and social planning. These represent different choices, based on values, as to what is important to do in social welfare and in society, though the partisans of each type of practice have frequently been convinced that theirs was the whole of community organization.

The long-standing and widely accepted emphasis on enabling people to enhance their social competence has been a source of difficulty in defining community organization. Influential though this definition was in providing a rationale for community organization as an integral aspect of professional social work method, it did not fit a good part of what was really taking place in the practice of social workers and social welfare agencies. It blurred the fact that most organizational and planning activities are really concerned, in Lurie's words, "with maintaining and developing the programs and standards of welfare agencies and services rather than directly helping individuals and groups." [2] For people experienced in such activities it was difficult to think of a set of institutions as a "client," and there was an intuitive conviction that the processes of inaction between organizations were different in important respects from those among individuals and groups. Writers such as Johnson, Kurtz, and Sieder at different times stressed that community organization, although it was an integral part of social work, had its own distinctive concerns and methods, stemming from the fact that it dealt with organizational and program relationships. Proponents of this point of view, however, lacked theories about organizational relationships that could provide a framework for their conception of community organization practice. Their delineation of the role of the practitioner tended, therefore, to fall into the same model of the enabler which had been derived from work with individuals and groups.

During the present decade the emphasis has shifted substantially to social change as a goal and to social planning as a methodology. There has been less preoccupation with the attempt to fit community organization practice into the value system of so-

[2] Harry L. Lurie, *The Community Organization Method in Social Work Education* (New York: Council on Social Work Education, 1959), p. 5.

cial work and into its methodology. Instead, major efforts have been directed to an attempt to build a practice theory that would be appropriate to the functions of the planner in dealing with organizational and interorganizational systems with a view to modifying organizations and making them more effective in solving social problems.

Despite these positive developments, community organization practice theory is still in an incipient stage. No general theory has emerged either in the social sciences or in social work practice. Important insights have been derived from case studies of processes undertaken by political scientists such as Banfield. Useful concepts such as "interdependence" and "exchange" have been put forward by sociologists such as Litwak, Levine, and White as ways of identifying the elements that are distinctive to interorganizational processes. Roland Warren deserves special mention for his theoretical work in analyzing the contemporary community as a social system and for his attempts to conceptualize the elements in community planning. Important elements of theory building have been contributed by Morris, Rein, Rothman, and others, all of whom have identified dimensions within planning processes, such as organizational structures, goals, and strategies, and have then attempted to set forth propositions as to the relationships among factors. A comprehensive effort is that of Mayer Zald, who has woven together a scheme based on the relationships between types of organizational structures and their goal orientations, and on whether the target groups are individuals and groups or institutions.[3]

These and other attempts at theory building have helped to expand the horizons of community organization practice. But we do not yet have an adequate theoretical base for a unified conception of that practice. The earlier conceptualizations which define community organization as a social work process paid insufficient attention to the content of the tasks being performed. They were, nevertheless, applicable to certain kinds of activities in which so-

[3] Mayer N. Zald, *Organizations as Polities: Concepts for the Analysis of Community Organizational Agencies* (Washington, D.C.: Office of Juvenile Delinquency, Welfare Administration, Department of Health, Education, and Welfare, 1965; mimeographed) .

cial workers engaged, just as the current formulations concerning the processes of planning are applicable to other tasks which fall within the responsibilities of social workers. Both conceptualizations, as well as others which we have not discussed, are attempts to generalize elements which are presumed to be similar regardless of the particular context in which they are found. One can be misled by premature conceptualization into assuming that relationships which are peculiar to a particular setting will also prevail under different conditions.

On the basis of this appraisal of the current state of knowledge, the staff of the Curriculum Development Project of the Council on Social Work Education has taken an eclectic approach to the task of describing community organization practice, an approach oriented to the realities of contemporary society. In our view this means placing the practitioner in the context of society's pervasive tendency to create and continually modify specialized programs and organizations to satisfy people's needs and to help them cope with difficulties in their lives. These social arrangements are vulnerable to changes in the technology of production, in the distribution of resources, in the characteristics of the population, and in people's ideas of what their needs and problems are. Most of these changes are unplanned, but increasingly people seek by conscious and collective effort to bring organization programs and services into better adjustment with shifts in socioeconomic conditions and in values and attitudes.

In recent decades, efforts to plan social provisions for health, housing, education, and general welfare have been rendered both more necessary and more difficult by the quickening pace of social change which strains the intricate and delicate relationships between people and the instrumentalities created to serve them. The rush to cities, the insistent demands of disadvantaged people, and the highly specialized nature of organizations illustrate the factors that produce dysfunction and discontinuity among people, their problems, and programs. The resulting imbalances generate the dynamic forces for defining new social problems and for planning and executing changes in social arrangements.

The furtherance and management of these change processes

constitute the responsibilities of the practitioner in whom we are interested. To apply one name to all these tasks has brought semantic confusion down upon us, for no single term or phrase in current usage adequately captures the full range of these tasks. Defining these tasks is much like trying to differentiate the images that alter their color and shape as one turns a kaleidoscope. For almost half a century this shifting, diverse quality has been reflected in a number of terms that, at best, denote one facet or another of these tasks—community organization, social action, community development, social reform, social planning. But none of them comprehends the whole matter. For the moment we shall use the term "community organization" to stand for the whole, but with the awareness that it falls short.

We have called attention to some of the forces that lead toward change in social arrangements. It is extremely important to note that there are counterforces at work raising obstacles and resistances that must be overcome in order to achieve change. There is no end of examples that social workers can think of in every field and at every level: the refusal of an agency to accept certain kinds of referrals for whom no other service is available; negative opinions about unmarried mothers that stand in the way of meeting their needs; the rigidity of bureaucracies; the lack of funds to undertake a program that many people want, and so forth. (We hasten to add that there is no implication here that all changes are per se desirable or that all resistance to change is inherently evil or misguided.)

We can begin, then, to think of community organization practice as dealing with problems that arise from social forces pressing for and against change. But these forces are not abstractions; they are expressed in concrete form in and through the organized groups that the practitioner either encounters or develops. He interacts with a variety of social structures through his contacts with the individuals who compose them—the chairman of the budget committee, the members of a neighborhood association, the executive of an agency, the staff in the mayor's office—flesh-and-blood people who are striving in their organizational roles to fulfill their obligations as they see them and to cope with a changing

and often harsh environment. This is the stuff with which practice is concerned. It confronts issues which arise from the characteristics of groups and organizations, their values and goals, their structures and resources, and from the relationships among organizations.

We suggest that there are three major types of organizations, that practice is oriented primarily toward one or another of these, and that the characterisitics of each kind of organization have a profound influence on what the practitioner does and how he does it. The organizational types are:

1. *Groups of people:* consumers of services, supporters or opponents of programs, voters, or members of a vast array of residential, occupational, ethnic, religious, and cultural organization; in other words, interest groups
2. *Service agencies:* supported organizations, by public or private funds, with a mandate to provide services to individuals, families, or groups within a specific problem or program area
3. *Interorganizational structures:* bodies that bring together representatives of interest groups and/or service agencies for the purpose of coordinating, planning, and allocating resources and responsibilities among their constituent organizations or among others.

These three organizational types constitute, in our scheme, the moving parts of the social change process. The impetus for change can originate at any point in the system and can be directed toward any other point. An organization can be either the stimulus for, or the target of, change. Thus, for example, a group of citizens can initiate action to change the policies or practices of a service agency. A service agency can seek new resources from a planning and allocating organization, which in turn may try to educate a part of the public to provide the required support.

The practitioner must understand and exploit the connections among the three types of organizations and must be skilled in moving freely among them. However, his point of reference or his primary orientation is either toward an interest group, a service agency, or an interorganizational structure. One of them repre-

sents the practitioner's point of departure and does much to condition the tasks he will be required to perform and the opportunities and strategies that will be available. We have then, according to this framework, three areas in which there are distinctive clusters of tasks based on the organizational and substantive problems to be resolved and the obstacles to be overcome. These can be thought of as "arenas of practice" as long as it is borne in mind that, far from being isolated, there is the closest interaction among the three arenas. The neighborhood association, for example, or the welfare clients' group can only advance its interests by engaging with service agencies and with the sources from which the service agencies obtain their resources.

But where does the practitioner get his mandate for entering one or another arena of practice? We want to state the view, strongly suggested by our field observations, that descriptions of practice have long underestimated the importance of the agency that employs the practitioner. He has been too simply pictured as a free agent. We find that the goals of the employing agency, the requirements and limitations of specific positions within its structure, as well as the boundaries of a particular program or project, all have significant influence on the practitioner's orientation and tasks.

The practitioner does, of course, have professional values and personal commitments, and we are not suggesting that he abandon these to a passive acceptance of whatever he finds in the agency that employs him. On the contrary, he has the right and responsibility to provide leadership in keeping his agency responsive to changing conditions and demands. We are saying, however, that he functions within the mandate of a specific organization that sets limits and directions on his practice. It is a fact of life that the organizer hired by an activist neighborhood group will behave quite differently from the field worker of a federal agency sent into a state to stimulate interest in a new program.

We referred to working with a population group defined by a common area of residence or by common needs and problems. This type of practice is generally associated with neighborhood organization and action in urban centers, with extension work in

rural counties, and with a multiplicity of groups at every geographical and organization level built around shared interests.

Activities are usually directed either toward linking people to available services or organizing them to develop their capacities and to obtain increased goods, services, influence, or power. Frequently, these purposes are merged in the same operation. In any case, the typical tasks of the practitioner are rather similar. He ascertains the needs and problems of the designated population group through his own observations and study and by obtaining the perceptions and opinions of others. This is the preliminary phase of identifying a problem or problems. In order to gather information and move on to the next step, the practitioner helps to organize a new structure or orients himself to an existing one. In both instances, one of his tasks is to establish communication and relationships with individuals and groups that, in his judgment, have a bearing on the problem. These relationships may be based on cooperation or conflict.

Initial exploration is followed by selection of objectives and strategies to achieve them. When the primary goal is enhancing the capacities of people to cope with their environment in an organized way, the practitioner assists in developing self-help projects and cooperative economic and social enterprises associated with community development. He is also concerned with teaching the skills needed in formal organizations and with the development of leadership. When the target has been clearly defined as a change in the policies or practices of a service agency, such as the public housing authority or the school system, then the tasks include those social action steps required to mobilize demonstrations of support, present demands, and ultimately negotiate an agreement with the adversary.

The second arena of practice is approached from the perspective of a direct-service agency committed to a specific area of program responsibility. Practice here is concerned with designing and carrying out more effective solutions to the problems that fall within the agency's mandate as well as working through the agency to influence change in other agencies, interest groups, and planning bodies. Service agencies are generally formal organiza-

tions with a bureaucracy responsible to a policy-making body, which in some instances is quite remote. A mental health center, a public welfare department, a hospital, a school, and an employment agency are examples. Some are corporate structures in which authority over the several operating parts is vested in a central unit; others are federated organizations with varying degrees of autonomy for their affiliated units.

The service agency must keep informed about changes in its environment—in the nature of the social problems to which the agency is addressed, in the availability of resources, the effectiveness of interventions, definitions of need, and the like. This information helps to define problems for planning and action. The agency is also responsible for developing knowledge in its field and for imparting this knowledge to its constituency and the wider public from which its seeks support.

This area of practice can be illustrated most clearly in terms of developing a new program or service. Here again is a period of search and study which is relatively unstructured and indeterminate in outcome. Here also is the task of establishing a constituency and a structure and obtaining recognition for the domain the organization seeks to occupy. This calls for locating and training leadership, determining the nature of the program, and mobilizing financial support and staff resources. Implementation gradually emerges out of these steps and represents a stabilization and routinization of the agency's planning processes. To the extent that these activities are repetitive, they can be looked upon as management and ongoing administration rather than planning functions. However, as the organization monitors its performance by collecting and analyzing information, attention is directed to emerging problems that may require readjustments, the development of new programs by the agency, or the referral of a planning problem to an appropriate locus outside the agency.

The distinctive feature of the third arena of practice is that interorganizational structures are in a position to influence or determine the goals, boundaries, and resources of direct-service agencies. These are the bodies that develop and act on strategies for intervening in social problems. They can, to varying degrees,

set priorities and assign human and material resources to one
agency or another. Some set standards for groups of service agen-
cies; other mediate among the competing claims of operating
agencies. Practice of this type çan be further distinguished by the
subject matter and breadth of concern. The major classifications
are:

1. *Social agency planning and budgeting:* planning by the sec-
   tarian federation of social agencies, the united fund or wel-
   fare council, the interagency committee
2. *Social welfare planning:* seeking problem-centered ap-
   proaches to the responsibilities of the social welfare field,
   such as developing programs to cope with juvenile delin-
   quency or to meet the needs of the aged
3. *Human services or human resources planning:* dealing with
   a broader area than traditional social welfare, including such
   fields as health, education, housing, and employment
4. *Urban and regional planning:* including all the elements in-
   volved in human resources planning with the addition of
   physical planning
5. *Social and economic planning:* integrating all the compo-
   nents outlined above with large-scale economic planning.

One of the tasks in interorganizational structures concerns prob-
lem and policy analysis. This includes a variety of community,
agency, and problem-oriented study techniques, including the
new technology for analysis of social problems and service data
and the program planning and budgeting procedures now being
introduced in the federal government. This leads to spelling out
a series of alternative courses of action, calculating the costs and
benefits of each, and recommending policy. Another set of tasks
has to do with weighing considerations of power and expertise
and determining the type of structure that is required and who
the participants should be at specific stages of the planning pro-
cess.

Based on the selection of a policy, a program is planned in
operational terms with decisions as to the functions that will be
performed, who will perform them, what resources are needed

and where they will be obtained. This may entail modification of existing programs or bringing them into new relationships with each other. The means available vary from purely voluntary measures to the use of legal sanctions. A related set of tasks includes investigation, assessment, and decisions about continuing support to programs that do not meet standards. Another group of educational and promotional tasks includes training programs for agency boards or staffs and informational campaigns geared to clients or some other segment of the public. Again, planning includes the establishment of a system of data analysis, evaluation, and feedback. One of the devices for testing policy and program alternatives is the demonstration project; another is the advisory committee of citizens and/or experts. The assimilation and dissemination of information may also be carried out through publications and conferences.

Several observations are in order with respect to all three arenas of practice. First, it must be apparent that the outline above refers to tasks and functions, not to jobs or positions within these organizations. The organizing and planning tasks are diffused throughout these organizations; they are not concentrated in any one kind of position, whether it is called "planner," "specialist," or "community organizer." In point of fact, the top administrator is a very active participant in these tasks as is the supervisor and line worker in face-to-face contact with the client. Indeed, one of the planning tasks is to set up procedures and channels for the appropriate utilization of all levels of staff in the planning process, just as another task is the development of channels and relationships to other organizations.

Second, while we have emphasized the differences in the tasks in the three practice areas, it is important to recognize features that they have in common. One can discern a basic set of functions that are performed as aspects of a problem-solving process:

1. *Intelligence:* gathering and analyzing information and the preliminary definition of a problem
2. *Building structure:* developing relationships, communication channels, and organization among participants

3. *Policy formulation:* framing alternative goals and strategies, weighing them, selecting from them, and translating these choices into a plan

4. *Implementation:* carrying the plan into action by obtaining commitments and putting resources into operation.

This does not mean that the practitioner proceeds mechanically from one stage of this problem-solving process to another—or that he should. He may enter at any point in the process and he may take on tasks in almost any sequence. What is important to recognize, however, is that at every stage the practitioner is simultaneously engaged in two complementary kinds of activities— analytical tasks and interactional tasks. The former consists of manipulating information, concepts, and symbols and making decisions based on the intelligence operation. The interactional tasks consist of efforts to communicate with people and organizations, to give or receive information, perceptions, and opinions, and to persuade or influence people.

One can think of these tasks in another way. Analysis is concerned initially with finding rational solutions to social problems. It is devoted to assessing the merits of the case and, guided by professional values and the goals of the employing agency, to formulating desirable courses of action. But this focus on rationality must reckon with the obstacles and resistances we cited at the outset. And it is interaction with other individuals and groups that constantly brings home to the practitioner the limitations imposed by the views and powers of others. Interaction is the source of the input that helps to determine how to get things done. It is oriented toward the politics of the situation, toward the feasibility of what is achievable. The two tasks, however, must be meshed over and over again. In any situation the political factors are thoroughly analyzed in order to make rational choices of next steps. The results of this analysis are continually being tested in the crucible of the political process, producing more feedbacks for analysis. Thus, what should be done is examined and refined in the light of what can be done.

This brief sketch of the many facets of community organization activities reflects the difficulty of constructing a coherent defini-

tion. If tasks are both analytical and interactional, roles associated with them contain elements of the expert, the planner, and the enabler, as well as the politician and the propagandist. If the arenas of practice extend from the consumer to the institutional network, then understanding of individuals and groups as well as of organizations belongs in the total body of knowledge that must be drawn upon for practice. While basic values of individual self-realization and democratization of social institutions animate all of professional social work practice, it is possible to pursue them along a number of roads, none of which has yet proven itself pre-eminent in assuring their achievement.

It would therefore be an error, it seems to us, to adopt any of the current approaches to the planning process as a monistic conceptual framework for community organization practice in social work. Nor is this necessary in order to achieve a pragmatic definition of practice. That definition can be based on the expanding functions which social workers are being called upon to perform in dealing with the problems of society. One way to characterize them is to say that they are the organizing and planning functions of the field of social welfare. This immediately makes it clear that community organization in social work is not only a method or a process but also a specialized field, albeit a field whose content and boundaries are still evolving. The lack of precision is perhaps more a strength than a shortcoming in the current period, since it is responsive to the expanding perspectives of social welfare and thus enlarges the potential contribution which social work can make to society.

The struggle to achieve a better definition will continue, as it must. We would hope, however, that this effort will not be permitted to assume priority over the more central task, which is to enlarge the knowledge and improve the skill of community organization practitioners in meeting the pressing and many-sided demands of today's world.

Social Policy Formulation: the Role of the Social Caseworker

by HARRY SPECHT

IN THE PAST DECADE there has been a heightened expression of the need for social workers to play a more direct role in the formulation of the social policies [1] which guide our social service institutions. This concern is reflected in clichés that ask professionals to "get into the political arena," or to learn to deal more effectively with the "community power structure"; in general, the call is for more social action and for a more aggressive professional stance in policy formulation.

However, the demand for this new stance can be demoralizing to professionals in certain roles, particularly to practitioners like the social worker in the hospital or the social worker in the family counseling agency. At best, a general call to arms without more specific instructions about which arms to use or how to use them is only temporarily inspiring, and at worst likely to leave many feeling inadequate.

This inadequacy occurs in part because of the failure, as Don-

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[1] "Social policy" refers to the goals of social transactions in private and public institutions which serve human needs. Kenneth E. Boulding, in distinguishing social policy from economic policy, says that the former refers to "those aspects of social life that are characterized not so much by exchange in which a quid is got for a quo as by unilateral transfers that are justified by some kind of appeal to a status or legitimacy, identity, or community." At another point he adds that "social policy is that which is centered in those institutions that create integration and discourage alienation." ("The Boundaries of Social Policy," *Social Work*, XII, No. 1 [1967], 7.) The utility of using "goal" as the major referent of policy is that it suggests that concepts related to organization, structure, economics, and administration be viewed as the independent variables which affect policy, but are not themselves policy since goals remain constant whether or not they are actualized.

ald Howard puts it, "to stress social policy formulation as a process rather than in . . . exclusively substantive terms." [2] That is, there has been a tendency to conceive of participation in social policy formulation as requiring expertise in a major area of service, a comprehensive and extensive knowledge of a field. But if policy formulation is recognized as a process that can be taught to *all* in a profession, if it is seen as a process that entails many different tasks and roles, then all professionals can learn to utilize the process so that they can contribute to it in the ways most appropriate for them.

Part of the reason, then, for a sense of inadequacy on the part of the practitioner dealing with social policy is that the process of policy formulation is not as well-defined as other professional tasks. In casework, for example, the actual doing (counseling) and the units with which one does it (cases) is relatively clear. Most of the methods we use in direct practice allow professionals to work within a series of fairly well-defined roles that usually have a high degree of consonance and which frequently can be filled by one person. However, the process by which policy is formulated involves a wide range of roles which often strain against one another and which must be filled by several people.

The role of the social caseworker in the policy formulation process can only be understood, first, in the context of the societal forces which necessitate change in our social welfare institutions, and second, in a framework which identifies it as part of the overall process of policy formulation. Therefore, it is worthwhile to touch briefly on the major forces generating change in our society before proceeding to a discussion of the policy formulation process.

The first of these forces is the combined effect of the automation of our industries and an expanding labor force, both of which produce an overabundance of goods and a shortage of jobs. Increasingly, it is in the human services where much of society's work remains undone—the health professions, education, social welfare, recreation, and others—and where we will be using our surplus manpower. This, of course, will necessitate great change

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[2] Donald Howard, "Social Policy Formulation as Process" (1965; mimeographed) .

in the organization of social welfare services. There are not enough professionals to meet the demand, and there is little likelihood that there will be a sufficiency in the near future. This situation calls for reexamination of professional functions, for creative use of subprofessionals and new careerists to do much of the work that professionals may now be doing unnecessarily, and for a reappraisal of many jobs for which at present we do not have the manpower.

Second, the press for civil rights and social rights in our era will bring greater demands on the service professions. Our society will need to speed up the creation of new mechanisms to meet needs, such as a guaranteed minimal income, the separation of income-maintenance programs from social services as suggested by Alfred Kahn,[3] and the whole host of noneconomic services we are presently experimenting with in the Office of Economic Opportunity (OEO) and the model cities programs. More and more, we shall require programs which encourage self-help and allow for citizen participation so that clients, rather than serving as passive recipients of services which often do not meet their needs, may participate in designing and implementing programs that do.

Third, both of these forces will demand an even more enlarged role of government in meeting social needs than do our already burgeoning and complex programs. New forms of government to deal with the problems of metropolitan areas and to coordinate and humanize public services will be called for. The problems encountered in policy formulation must be assessed in light of these generating forces for change.

A MODEL OF SOCIAL POLICY FORMULATION

Many authors have described models of policy formulation which are useful to social workers.[4] The purpose of this discussion

[3] Alfred J. Kahn, "Social Services in Relation to Income Security," *Social Service Review*, XXXIX (1965) , 381–89.

[4] See, for example, Elizabeth Wickenden, *How to Influence Public Policy* (New York: American Association of Social Workers, 1954) , and Robert E. Agger, Daniel Goldrich, and Bert E. Swanson, *The Rulers and the Ruled* (New York: John Wiley, 1964) .

is to specify the professional tasks and roles which are relevant at the several stages of the process.

The table identifies all the essential elements. The process may be summarized as one of uncovering both incipient and unmet needs, and blazing a trail of advocacy toward new methods of meeting those needs. This process might take place in a variety of settings—within the confines of one small agency, in one department of a large agency, or in a nationwide bureaucracy. The process might utilize the different resources and subsystems of only one institution or a wide variety of institutional resources and organizations.

"Professional roles" are those roles that must be filled in the process of policy formulation whether or not in reality the professionals who fill them are social workers. The concern here is to identify all the tasks which the professionals in the institution-to-be-changed must be prepared to deal with whether or not the roles are actually filled with one of their own number.

The reader should bear in mind that the model only suggests the various stages through which policy moves, and it does not take account of the question of *who* generates interest in, and takes initiative for, carrying the process forward. The generating force for change, the party who actually takes the initiative in seeking a change in policy, might be the professional practitioner, the professional association, another voluntary association, the administrator, or an interested citizen. Regardless of where the desire for change originates, all these elements are part of the process once it is started.

However, whether someone introduces a policy goal from outside or within the institution, it must at some time become a preference of a person within the decision-making structure in order to become a part of the process. A policy goal that does not get so deliberated after it is formed will remain stillborn in the mind of its originator.

Several examples will illustrate the process. One of these concerns a caseworker in a city department of welfare. The worker's interest in policy stemmed from an administrative ruling which transferred the authority to grant funds for "special needs" from

Policy Formulation

Stage	Tasks	Institutional Resources	Professional Roles
1. Identification of problem	Case finding; recording; discovering gaps in service	Agency	Practitioner
2. Analysis; fact-gathering	Gathering data; analyzing; conceptualizing	Research organization (e.g., a university)	Researcher
3. Bringing to attention of the public(s)	Dramatizing; public relations; communications (writing, speaking)	Public relations unit; communications channels; voluntary associations	Muckraker; community organizer; public relations man
4. Development of policy goals	Creating a strategy; analyzing program	Planning bodies; voluntary associations	Planner; community organizer; administrator
5. Building public support	Developing leadership; achieving consensus	Voluntary associations; political parties; legislative and agency committees	Lobbyist; community organizer; public relations man
6. Legislation (formulation of program in statutory terms)	Drafting legislation; designing program	Legislative bodies; agency boards	Legislative analyst; planner
7. Implementation; administration	Organizing program; administrating	Courts; agencies	Administrator; practitioner; lawyer
8. Evaluation; assessment	Case finding; recording; discovering gaps in service; counting, etc.	Agency; research organization	Practitioner; researcher

the line supervisor to the senior supervisor. As a result, clients had to wait for unnecessarily long periods of time to receive the money. These amounts, though usually small, were often granted for emergent needs. The worker questioned the new policy at an agency meeting of lower level staff and was told that the matter had been decided and was closed to further discussion. This handling of the policy on special needs revealed a second policy issue which bothered the worker—one relating to administration; that is, the absence of organizational mechanisms by which the professional staff could participate in policy formulation. Clients were, of course, emphatically excluded from any participation. These practices resulted in this agency having policies which were frequently rigid, unyielding, and unresponsive to client needs.

A second example, having to do with a county probation department, begins with a social caseworker at a voluntary agency which frequently deals with runaway children. This worker was distressed by the mistreatment of children in the department's residential institution which was operating with poor facilities and insufficient funds. Finding that the administrator was defensive and unwilling to bring the plight of the institution to the attention of the authorities, the worker sought the counsel of other social workers who were equally disturbed by the conditions but who had had no more success than she in dealing with the administration. This small group of social workers brought the issues to the social action committee of a local chapter of NASW. Eventually, NASW helped them to organize a broadly based citizens' group to look into the problem of institutional care offered by the probation department.

Let us describe the stages briefly, mentioning the ways in which each of the elements fits into the model.

Identification of problem.—The basis for institutional policy change is in some problems identified as a developing or unmet need in the community, a need which the originator of the policy goal believes the institution is responsible for meeting. The perception of the problem and the institution's responsibility are, of course, related to the political, economic, social, and institutional forces which come to bear upon the perceiver. It is to be expected

that what is perceived to be a problem will depend upon the institutional position of the initiator. So, for example, it is possible that concerns for institutional maintenance might well guide the perceptions of professionals in certain positions more than their responsibility to provide better service for clients. The welfare department caseworker was chiefly concerned about his client receiving benefits promptly; the administrator was primarily interested in keeping the costs of the special needs program as low as possible.

Tasks that must be completed during this stage are case finding, recording instances of unmet needs, and generally discovering gaps in services. The institution itself is the resource to be utilized during this stage of the process, and the practitioner role is the most important at this stage.

It is in their functions as advocates and social brokers for their clients that social caseworkers will be most likely to be involved in the policy formulation process. Scott Briar has discussed these functions as part of the total professional role of the caseworker, pointing out that caseworkers bring to them "a substantial body of knowledge concerning the dynamics of the welfare system and its constituent agencies." [5] However, to use that knowledge in this process requires a professional orientation which views service to one's client as the first and foremost responsibility of the professional. The colleagues of the caseworker in the welfare department, for example, felt that he had "betrayed" the department when he pressed forward with his criticisms of department policy. Because discussion was foreclosed at the staff level, he presented the issues to the mayor's commission on welfare, urging it to intervene in the department's handling of the matter.

Many social workers will ask at this point: How does one weigh the importance of working "within the agency structure" against "going outside the system" as this worker did? But a too narrow view of "the system" prejudices the case against the worker who takes action on his client's behalf. The worker *was* working within the structure, just as Benny Parrish and Harold Supri-

[5] Scott Briar, "The Current Crisis in Social Casework" in *Social Work Practice, 1967* (New York: Columbia University Press, 1967) p. 27.

ano [6] were working within the system when they challenged the rights of agencies to carry out "midnight raids" on clients or to control the after-hours activities of social workers. These workers view the agency as part of—really only an "agent" of—a larger system of state and federal government.

As it turned out, the courts have made it clear in the Parrish and Supriano cases that it was the agencies who were out of line, who were not "working within the system," and whose behavior was illegal. However, professionals will be able to carry out their responsibilities to clients in securing their rights only as they are able to absorb the degree of strain and conflict which must be dealt with if they are to mediate the interests and rights of clients. The profession, through its educational institutions and professional associations, must provide the mechanisms which will help workers absorb this strain and conflict.

Practitioners, then, can play an important role in the policy formulation process and must be alert to the potential for change in certain aspects of their practice.

As an instance in point, there are many problems which practitioners regularly confront in their day-to-day work to which the new conceptions of service are relevant. For example, new careers concepts can be useful in dealing with problems of overlarge caseloads, "hard-to-reach" clients, waiting lists, staff that is hard to reach because of turnover and personnel shortages, and apathy and alienation in the community to be served.

2. *Analysis.*—Having identified a problem, it is necessary to obtain some factual data about the numbers of people who are

[6] Benny Parrish *v.* Civil Service Commission of Alameda County, Calif. (1 Civil No. 22,556) , was recently decided by the court in favor of Mr. Parrish. Parrish, a caseworker for the Department of Social Service, refused to participate in unannounced investigations of recipients of Aid to Needy Children grants because it was a violation of the recipients' privacy, and he was discharged for insubordination in 1964. Harold Supriano, a caseworker for the San Francisco Department of Social Services was discharged just prior to completion of his probationary work period for several reasons, one of which referred to his after-work-hours participation in a community organization seeking to encourage low-income residents to organize to protest police brutality. Prior to rendering his decision the judge of the State of California Superior Court, County of San Francisco, in April, 1967, called the city's attention to other recent court decisions involving workers' rights, and he urged the city to settle the case out of court.

affected and arrive at a clear-cut statement about how the prob-
lem is actually being measured. For example, in attempting to
utilize subprofessionals in mental health work we must know
what kinds of information members of the community lack about
mental health services. What mental health services can subpro-
fessionals render? Specifically, what members of the community
are being referred to and what kinds of essential tasks are not now
carried out? Gathering such data may not require highly scientific
and formalized research procedures. For example, the worker at
the city department of welfare spent some time figuring what it
cost the agency in man hours to implement the less desirable pol-
icy on special needs, and how long clients had to wait for the
funds. To provide a special needs grant of eight dollars for one
client, he found, cost the agency over a hundred dollars in staff
time, and the client was kept waiting for an unnecessarily long
period. When the results of his research were presented to the
mayor's welfare commission they were horrified and immediately
took the matter under consideration. The citizens' group who
were concerned about the probation department set up a series of
meetings in different sections of the city to which they invited all
youngsters who had been at the institution and who wanted an
opportunity to talk of their experiences. Scores of youngsters
came forward to state their grievances. These meetings provided
much of the raw data for the citizen committee's work.

A good example of a more refined use of research methods to
deal with problems suggested in Stage 1 is the series of studies
done by the Veterans Administration on the use of social work as-
sistants. In these studies, the VA used research methods to iden-
tify the values and the problems of introducing subprofessional
personnel into their social service program.[7]

From a processual point of view, the knowledge required is
how to move from an expression of concern about unmet need to
an organized (and frequently complicated and/or expensive)
program of information gathering. The institutional resource in-

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[7] Jean M. Dockhorn, *A Study of the Use of the Social Work Assistant in the Vet-
erans Administration* (Washington, D.C.: Veterans Administration, Department of
Medicine and Surgery, 1965) .

volved is a research operation, whether it is a consultant, an agency's research department, or a university research center. The professional role is that of researcher.

The kind and quality of the information gathering function will change as the process progresses. The citizens' committee used a fairly informal procedure in its early work. Later on, as some of the issues became clear, the committee directed its energies toward bringing in a highly respected professional standard-setting agency to make an evaluation of the community's probation program.

3. *Bringing to attention of the public (s)* .—The public or publics are those subsystems in the institution or the general community that must become informed about the problem. This might be as wide a public as the community-at-large or as limited as the administration of the institution, depending upon the nature of the problem or the stage of the process. The task is to present the problem in a form that will capture the interest and attention of these publics by use of appropriate media.

The institutional resources involved are these media, but here again they could be limited to the use of channels within the institution, such as the public relations department, the staff meeting, or outside institutional resources, such as the press and television. While the form of action may vary, this is the stage at which counterdemands will essentially determine the extent to which activity in the following stages is to be of a consensual or conflictful nature.

For example, the welfare worker was only asking that the mayor's commission consider the impact on clients of how the responsibility for approving special needs grants was assigned. A reasoned presentation to the commission was sufficient to get action to change the policy. Although a local newspaper did print the story, that was not a scheduled part of the worker's plan. But the citizens' committee was attempting to demonstrate the inadequacy of funds which the county allocated for probation. To do this required that they challenge the functioning of the entire system. That is, the administration of the department, the juvenile court judge, the juvenile justice commission, and the county

officials all recognized (but not publicly) that the probation department's financing was inadequate. But they did not want to take responsibility for bringing this to the public's attention since they would then have to demand additional funds. The citizens' committee quite intentionally sought, and received, widespread coverage by all the news media.

The professional roles required differ from those previously mentioned. The muckraker, the community organizer, and the public relations man (each of whom is different) put the public in touch with the institutional problem. Why do we suggest that bringing the problem to the attention of the relevant publics may precede the next stage, that of developing policy goals? While the parties who are initiating change may have specific policy goals in mind, these goals will have little meaning to the publics until they are aware that a problem exists. For example, the mayor's commission would not become interested in rearranging responsibility in the welfare department until it believed there was a problem; the citizens' committee could not begin to suggest changes in policy until it had persuaded the public that there was cause to examine the present probation policy.

One further reason for this ordering is that the parties who participate in seeking policy change will want to participate in shaping goals. Anyone who initiates change without that realization is likely to find himself without the support he will need later on.

4. *Development of policy goals.*—Many solutions will be offered for dealing with the problem, all of which must be sifted and analyzed and shaped into a strategy so that the goal of policy is one that actually provides a solution of the problem. Essentially, a strategy is a set of program goals based on a theory about how the problem originates.

Different voluntary associations and planning bodies become involved at this point. (Again, these may be bodies that exist within the institution or groups and organizations outside the institution.) This is the point at which the professional association, as a voluntary organization, can become most actively engaged in policy formulation.

Alan Wade's case history of the Chicago NASW chapter's fight against Governor Kerner's attempt to slash the welfare budget in 1962 illustrates the important role of voluntary associations in policy determination.[8] In that undertaking the chapter made extensive use of a wide range of other organizations at several stages of their effort. Another instance, reported by Marjorie Teitelbaum, illustrates that much of the effort of a NASW chapter that was attempting to influence the standards used in selecting a state social welfare director went into work with other organizations.[9]

The important role of voluntary associations in the determination of social policy cannot be overestimated. It is through their associations with others that Americans make their needs known in political life. The classical theoretical view of the operation of a political democracy is somewhat misleading in this regard.[10] In that view, it is the direct relationship between the legislator and the voter which is the chief determining factor in policy formulation, and intermediary mechanisms—interest groups, political parties, lobbies, and pressure groups—are viewed invidiously, as "selfish interests."

However, the reality is that direct relationships with legislators via elections or letter writing to elicit voter response on social issues is not effective simply because elections deal with too many issues to be taken as conclusive debates on any one issue. While the town meeting view of government is worth cherishing as part of our past, it is not a helpful model of contemporary government.

Generally, legislation is handled through a complex committee system, and the factors of time, the distance of the central government from the problem, and the largeness of government make it next to impossible for the individual alone to affect policy. The majority of citizens possess neither the interest, the information, nor the resources that are required for personal participation in

[8] Alan D. Wade, "Social Work and Political Action," *Social Work,* VIII, No. 4 (1963), 3–10.

[9] Marjorie D. Teitelbaum, "Social Workers in Social Action: a Report from Maryland," *Social Work,* IX, No. 4 (1964), 100–107.

[10] Betty H. Zisk, "Formation of Public Policy: Constitutional Myths and Political Reality," in John H. Bunzel, ed., *Issues of American Public Policy* (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1965).

classical democratic society. While letter writing and voting do give legislators some sense of their constituents' views, it is through affiliation with an interest group that the individual finds the single most important means for participating in policy formulation. It is through organizational interests of all sorts that the interplay between claimants and decision-makers takes place. Any movement for change, whether for reform or reaction, that fails to take account of this fact of American political life cannot succeed.

Professional roles here are those of planner, community organizer, and administrator. But it would be well to bear in mind that strategies must change as goals change. For example, policy issues relevant to new careers programs might move from: *(a)* the viability of using the poor to serve the poor in selected, specialized communicating roles; to *(b)* using the poor to assume some responsibility carried by professionals in all aspects of service; to *(c)* utilizing the reexamination of the staffing patterns in social services as a mechanism for broadening community participation in designing and implementing programs. Each of these policy goals is vastly different and will require the work of different people in their formulation. In the next stage, different kinds of leadership will be needed for each kind of goal, and a consensus for each would be based on a different set of relationships.

5. *Building public support.*—Many different subsystems of the institution and of the community will have a stake in the formulation of policy. The originator of the policy will have to find those groups in the system that can support the goals enunciated in the previous stage and translate them into instruments for action. That is, a consensus must be achieved among those groups who can support the policy.

Compromises may be made at this stage, and the processes of bargaining, exchanging, and persuading will be used. The welfare department worker, for example, gained sufficient support for his position by working only with a representative of NASW who attends welfare commission meetings. Their position before the commission was worked out quickly and with relative ease.

On the other hand, the citizens' committee decided at the beginning of its activities to seek the support of many civil rights groups and local child-care agencies because of the difficult political situations with which they were attempting to deal. The committee worked many weeks before coming to an agreement on tactics and taking a stand that was acceptable to all the members.

In Chicago, Alan Wade reports, the battle to resist cuts in the welfare budget required mobilization of forces throughout the state, and much of their work was directed toward bringing these many groups and organizations into a coordinated effort.[11]

The culmination of this stage is the construction of a platform put forward by the group supporting the goals—a platform of a political party, or a general statement of direction by the administration of the agency. In the case reported by Teitelbaum, "the basic position statement of the [NASW] chapter . . . . served as the framework for the position taken by other groups . . . whose support was enlisted." [12]

Major tasks involved at this stage are the cultivation of leadership for the coalition and utilization of skills for negotiating a consensus among the supporting groups. Thus, the citizens' group dealing with the probation department selected independent, aggressive leadership rather than the reasoned professional approach used by the welfare department worker. Their thinking here was that their previous experience in dealing with the probation department in a cooperative and nonthreatening manner had been unsuccessful; they believed that their energies would be sapped in further delay if they attempted a collaborative approach.

If we review the history of social policy in regard to medical care for the aged we find that as the issues changed the goals of policy changed, and the kinds of leadership and coalitions changed.[13] In the 1930s, when the issues had to do with whether medical insurance of *any* kind was acceptable, a good deal of leadership was provided by professional groups who used fact-finding

[11] Wade, *op. cit.*   [12] Teitelbaum, *op. cit.*, p. 101.
[13] Eugene Feingold, *Medicare: Policy and Politics; a Case Study and Policy Analysis* (San Francisco: Chandler Publishing Co., 1966) .

and educational methods. By the late 1940s, when both hospital and medical insurance on a voluntary basis was well-established, the issue moved to the question of a national system and whether it should be compulsory or voluntary. The labor movement and the American Medical Association (A.M.A.) became the chief contenders in that issue and provided the leadership. In the final stages of the fight, in the early 1960s, the issue was not whether medical care for the aged would be federally sponsored, but rather by what mechanism—social insurance, public assistance, or some other scheme—and the major leadership, in addition to labor and the A.M.A., was political.

Voluntary associations, political parties, legislative committees, and committees of the board of directors are the institutional resources most likely to be active, and the professional will be called upon to fill the role of lobbyist, community organizer, and public relations man.

6. *Legislation.*—The program must be formulated in statutory terms, whether it is written as a law for consideration by some legislative body or as a statement of program to be considered by an agency's board of directors. Legislation must be drafted that will describe the allocation of responsibility for the program and which, to a greater or lesser extent, will deal with organizational structure, financing, and program operation.

Gilbert Steiner, in his analysis of the politics of social welfare, points out that specific knowledge of both social welfare and political science is required to negotiate the legislative policy-making process in our field.[14] The legislative analyst and the social planner are the professional roles required.[15]

7. *Implementation; administration.*—Depending upon how detailed the legislation is, a large part of the process of policy formulation may be left for this stage, when the concrete policies of program may be established by practice, precedent, and experimentation. A good example is the Economic Opportunity Act, wherein the policy referring to "maximum feasible participation"

[14] Gilbert Y. Steiner, *Social Insecurity; the Politics of Welfare* (Chicago: Rand McNally & Company, 1966), see particularly Chap. IX.

[15] Wilbur J. Cohen, "What Every Social Worker Should Know about Political Action," *Social Work*, XI, No. 3 (1966), 3–11.

of the poor was quite vague so that the practical details were left to the administrators of the program.

Policy formulation may take place informally within the structure of government without fanfare or public proclamation when formal changes are not required in the law but rather a demand is made for an altered pattern of action within the law.

In the cases of the welfare worker and the citizens' committee no changes in law were required to implement the policies they supported. The tools needed to implement their policy goals were already within the administrative discretion of the agencies. The citizens' committee did, later on, win the support of a state assemblyman who developed legislation which gave increased power to the state youth authority to investigate the kinds of conditions being protested. They also succeeded in bringing the question before the county board of supervisors which, at the time of writing, was debating the feasibility of a study by an independent organization. The chief tasks here are administrative and programatic, getting the program organized and policy clarified.

The institution itself and the courts are the chief institutional resources that will be concerned in determining policy at this stage. Administrator, practitioner, and lawyer are the primary professional roles.

The courts become a major significant institution for determination of policy because it is by establishing a system of rights and guarantees through appeals and judicial precedents that a body of administrative procedure and law comes into existence for any social program. Thus, social service personnel must be able to utilize the skills of lawyers in determining how goals of policy can be effected through legal mechanisms like appeals, rulings, and litigation.

8. *Evaluation; assessment.*—In a sense, the goals of social policy are ever receding before us. New programs create new expectations, new needs, and uncover unmet needs. Programs themselves become a major element in the "demand environment" of policy. For example, the passage of the Medicare bill has created the need for a vast increase in the number of nursing homes; this new

need has given rise to many other questions of social policy in regard to private agencies, standard-setting policies, and financial arrangements.

This stage requires an assessment of the impact of policy and an evaluation of how effectively the policy meets the problem. Actually, this stage is the first stage all over again, for the process of policy formulation is an ongoing one that has neither a discrete beginning nor an end.

The model suggests many questions about policy formulation.

1. Policy formulation is neither an intellectual nor a rational process; rather, it is a social process which has both intellectual and rational elements.[16] Traditionally, in social planning and community action, we conceive of the process as an orderly one which is based on a rational study of available alternatives from which the planners of change can select the best alternatives for the community. The model outlined here, however, is better understood as a bargaining or negotiation process, much closer to that used by political scientists.[17] Charles Lindblom describes this process in a paper called, quite appropriately, "The Science of 'Muddling Through.' "[18]

While it has been customary to think of the analysis of social policy as going on in the mind of one man or a small group of men, the kind of fragmentation of analysis that is described here, to use Lindblom's term, may be more of an asset in arriving at a correct weighting of values in policy formulation than we are accustomed to believe. Lindblom's view of how the participation of many individuals and groups affects policy formulation is different from that of community organization people. He says:

Policies are set as a resultant of such conflict, not because some one policy-making individual or group achieves an integration but because the pulling and hauling of various views accomplishes finally some kind of decision, probably different from what any one advocate

[16] R. A. Bauer "Social Psychology and the Study of Policy Formation," *American Psychologist*, XXII (1967) , 227–33.

[17] Edward C. Banfield, *Political Influence* (New York: Free Press of Glencoe, 1961) , and Agger *et al.*, *op. cit.*

[18] Charles E. Lindblom, "The Science of 'Muddling Through,' " *Public Administration Review*, XIX (1959) , 79–88, reprinted in Mayer N. Zald, ed., *Social Welfare Institutions* (New York: John Wiley, 1965) , pp. 214–29.

of the final solution intended and probably different from what any one advocate could comfortably defend by reference to his own limited values. The weighing or aggregation is a political process, not an intellectual process.[19]

2. While the process can be generated from many different sources and can start or stop at any point, and while different stages may overlap or occur simultaneously, there is the question of whether or not each element is essential in the process. A professional association, for example, is quite likely to initiate the process at Stage 3 through a series of public meetings at which they begin to sensitize their publics to the need for a particular change in policy. Even if this is done successfully, the model suggests that at some point the kinds of tasks that are carried out in Stage 1 and 2—case finding and research—will have to be undertaken and the initiators of policy must remain aware of this requirement of the process. Similarly, the professional who undertakes policy formulation through case finding or research can benefit from understanding the other kinds of tasks that must be performed to translate concern about unmet need, and knowledge, into policy.

3. Policy formulation is a process that goes on between the institution and its environment, of which the professional is only one part—and a small one at that. Questions to be considered by the professional are: At what points can he most influence the institutional environment and what resources are required to do this? At what points do professionals as practitioners or as members of professional associations generally come in?

The part which the professional practitioner plays in attaining the goals of policy is most important at the first, second, and final stages of the process, while the professional association is most likely to move in at the third, fourth, and fifth stages. This suggests that the practitioner needs to know how to carry out the advocate and broker functions, and how to relate his efforts to the tasks that must be carried out in later stages. The professional association, on the other hand, must be able to open channels of communica-

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[19] Charles E. Lindblom, "The Handling of Policy Norms in Analysis," in Moses Abramowitz, ed., *Allocation of Economic Resources* (Stanford, Calif.: Stanford University Press, 1959), p. 174.

tion to agency practitioners, research departments and researchers who play a large role in the initiation of policy formulation, and to the legislative bodies, lobbyists, boards of directors, and planners who play an important role in the later stages of the process.

4. How much knowledge of other roles and institutional resources is required for successful performance in any one professional role? What combinations of professional roles required in policy formulation produce the greatest strain and which have the greatest consonance? For example, there is a high degree of consonance between the role of community organizer and that of lobbyist, and it is very likely that one individual could be incumbent in both roles.

Conversely, there is a great deal of dissonance between the researcher and practitioner role, and a good deal of strain is likely to occur between the two. For example, a worker in the probation department was quite upset when the citizens' committee began its information-gathering program. He felt that the committee was not interested in telling the story of how well the staff in the probation department did their job under exceedingly arduous conditions. Rather, they wanted to "make a case" against the authorities and were only looking for "the bad things." He felt that the integrity and the value of the professionals were being undermined. However, at the end of an exceedingly uproarious and often bitter public meeting held by the county commission at which different parties to the conflict stated their grievances, this worker recognized that the issues had become clear, that all parties now recognized that insufficient resources were the cause of many of the difficulties. He also felt that if the institutional personnel and the authorities had encouraged a review of the issues earlier in the game the process might have been played out quite differently.

What mechanisms are available to deal with these kinds of strain?

5. To what extent can the professional staff of a given agency undertake these tasks and fill these roles? It is likely that the larger the institution the greater the probability that it will have

a variety of professionals with different skills to fill a wide range of roles, while in a smaller agency the staff will be more limited and they will require other means to carry out these tasks and fill these roles.

One social worker can fulfill all the roles in the policy formulation process. For example, a graduate social work student working in a youth counseling agency found that the Job Corps had established intake policies which screened out some of his youthful clients for whom he believed the program had been designed. The student followed all the stages of the process, which finally took him to Washington, D.C., to confer with legislators and OEO officials. His efforts culminated in a change in policy.

While this case illustrates that it is possible for an agency to facilitate the flexible use of a social worker's skills for social change purposes, it does not provide a very practical model for the practitioner's participation in policy formulation. The organization of social services necessitates specialization, bureaucracy, and segmentation of tasks, and our model for a policy formulation process requires that we take account of these realities. At present, two thirds of all social workers are employed in public bureaucracies; it is expected that an even larger proportion of our growing profession will be so employed in the next decade.[20]

6. Related to the above is the question of the kinds of links and transitions required consciously to press policy formulation in the desired direction between the various institutions and to establish connections between the different professional roles— between practitioner and researcher, between service department and research department, between agency and legislature.

Here, essentially, is what might be considered the substantive knowledge to build a practice of policy formulation. For example, what methods and techniques are available to advance the knowledge acquired by the practitioner in the first stage to later stages? How are organizational mechanisms like staff meetings, supervi-

[20] U.S. Department of Health, Education, and Welfare, *Having the Power We Have the Duty* (Washington, D.C.: U.S. Government Printing Office, 1966), and *Closing the Gap in Social Work Manpower* (Washington, D.C.: U.S. Government Printing Office, 1965).

sion, and reporting used for this? What other means can the practitioner use to link his knowledge with that of the researcher and other institutional personnel?

7. While the role of the administrator is relevant to carrying out specific tasks at certain stages of the process, there are administrative functions which are important and required for the *overall* process. By definition, it is the administrative function to coordinate other functions and to tie together the different roles played by professionals at different stages. It is the administrator who links together the various professionals and institutions that must work together throughout this process because it is his job to assign tasks and to allocate resources. Thus, the administrative function is a strategic one in the process of policy formulation, and the administrator's orientation toward policy formulation is of crucial importance.

The administrator's responsibility is quite broad; he is responsible to workers, clients, sponsors, and to the community at large. The practitioner is primarily responsible to his client, and it is the practitioner who knows best what is in his client's interests. The different responsibilities and authority which inhere in each of these roles will call forth different responses and behaviors in regard to issues in social policy, and it is to be expected that frequently there will be strain and conflict between the two.

8. As we look at the various resources and role responsibilities it is interesting to note that, by and large, these are institutionally defined; that is, the resources and roles which play a part in advancing the process are not usually independent bodies. It is true that the generating force for change can spring from many other sources, but whatever its origin, that force must be prepared to encounter the many gatekeepers and facilitators in various institutional positions who must carry out different tasks and who control access to other institutional resources.

IMPLICATIONS FOR THE SOCIAL CASEWORKER

The model of the process which has been described should draw the attention of social caseworkers to the various gaps in the

series of roles which professionals must be able to fill if the profession is to play a meaningful part in the formulation of policy. There may be several kinds of gaps. First, if there are not professionally trained social workers who are prepared to undertake these tasks, the assignment will fall to other professionals who may not be fully able to represent the interests of the profession. Therefore, the profession must be concerned about whether the educational preparation of professionals helps to build both a basic knowledge about the process of social policy formulation for all professionals as well as specialized training for roles which are not presently being filled, such as carrying out the legal tasks in the seventh stage. Or, in the absence of professionals who can fill such roles, developing the knowledge required to work cooperatively with other professionals. The inability of many social workers and lawyers to communicate with one another is a good example of this kind of knowledge gap.[21]

Second, while there may be professionals who are able to fill all roles, the profession must be alert to the fact that in these different roles they will not all represent the interests of the profession in the same way. For example, the professional who is an administrator is more likely to be influenced by his organizational commitments and concerns than the practitioner. If that is the case, then the profession must develop strategies by which to enlist the support of professionals who are administrators, because of their strategic role in furthering the profession's goals in policy-making; and it is necessary to identify alternatives by which the process can be carried on in the absence of such support.

The model of the policy formulation process which has been presented here suggests that social caseworkers have an important and necessary role in that process. Fulfilling professional responsibility for social policy formulation requires an understanding of the total process, and increased knowledge about how to make use of that process.

All the forces of change put pressure on organizations and in-

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[21] Homer W. Sloane, "Relationship of Law and Social Work," *Social Work,* XII, No. 1 (1967), 86–93, and Paul E. Weinberger and Peggy J. Smith, "The Disposition of Child Neglect Cases Referred by Caseworkers to a Juvenile Court," *Child Welfare,* XLV (1966), 457–63, 471.

stitutions to find new means to accelerate the pace of change. Professional social workers must examine how they may best utilize social work manpower in helping to accelerate change. The very hallmark of a professional is, as Carol Meyer puts it, "alertness to change and readiness to adapt ∴ . . practice to necessity." [22] Social workers, then, must pay a great deal of attention to using their professional knowledge to illuminate and enhance the process of policy formulation in this era of change. The past decade of ferment, change, and achievement in civil rights has exhilarated all people who are dedicated to serving others. As the country enters a period of political reaction we must consciously capitalize on all that we have learned in these last years about how to utilize our resources to participate actively and meaningfully in the process of policy formulation.

[22] Carol H. Meyer, *Staff Development in Public Welfare Agencies* (New York: Columbia University Press, 1966) , p. 75.

Bridging the Gap between Research and Practice in Social Work

by DOUGLAS HOLMES

IN DISCUSSING THE RELATIONSHIP between research and practice, it is necessary to have a clear picture of each. It is my conviction and, if you will, my credo that research of varying forms or levels is, and must be, a part of practice, whether we recognize it as such or not. Certainly in practice, and in the supervisory process in particular, we are in a sense "researching," in terms at least of evaluating the impact of our intervention attempts. As a matter of fact, a theorist in perception might say that our lives are spent conducting research: in perceiving the outside world we integrate sensory stimuli and make an hypothesis regarding their meaning. We then test this hypothesis against prior experience, and accept or reject it as reality. A number of perceptual theorists accept this point of view, some terming the perceptual process one of "hypothesis testing." Similarly, in the behavioral view of learning, the organism is said to have the behavioral equivalent of an hypothesis: "If I make the appropriate response to the stimulus, I will reach my goal."

Perhaps this example will serve as clarification of the premise that practitioners daily engage in research. During the initial phases of a project integrating orthopedically handicapped children into groups of non-handicapped children, no specific instructions were given to the group leaders regarding the degree of "special attention" they were to provide the handicapped children. After a few sessions, it was noted that one leader appeared especially overprotective: every time the handicapped child ap-

proached this leader, he was treated with excessive warmth and openness. At the direction of his supervisor, the leader observed the results of this interaction carefully. It became apparent that the leader was, in effect, rewarding passive, dependent behavior, and that this was detrimental to the integrative attempts. On the basis of this observation, the leader predicted that if he were to respond more critically to this behavior, i.e., to redirect the handicapped child whenever feasible and realistic, the child would become less passive, and more independent, and would interact more with his peers. (At this point, an hypothesis has been developed, and a "prediction" made wherewith to test the hypothesis.) The leader adopted this approach, and his prediction was borne out, namely that a more objective response did affect the specific elements of behavior under consideration, in a desirable fashion. After consultation with his supervisor, this procedure was initiated in other groups, so as to learn whether this was a general phenomenon or whether it applied only to this one particular situation.

In examining this illustration, we can note six distinct steps:
1. Sensing that there is "something there"
2. Observing the phenomenon closely
3. Formulating an hypothesis
4. Testing the hypothesis
5. Making appropriate deductions on the basis of the test results
6. Verifying the outcome in terms of the generalizability and reproducibility of the phenomenon.

I think it can be agreed that this is the sort of process in which practitioners are engaged, on either a formal or an informal basis. And these are the very steps which are involved in what we term "research." My point, therefore, is simple, namely, that we are all engaged in research to varying degrees and at varying levels. It is my belief that the distinction between practice and research, and the "gap" between research and practice, is tenuous and in most instances is a matter more of semantics than of reality.

I have given an operational definition of research. This consists of defining a term by stating the procedures employed in distinguishing the object referred to from others. In other words, I have described research in terms of its operations, the steps we use

when we conduct research or, as is my contention, make decisions regarding our everyday activities. As a formal definition of research, I find that Macdonald's statement is highly workable: "Research may be defined as systematic investigation intended to add to available knowledge in a form that is communicable and verifiable."[1]

Adhering to Macdonald's definition, we must be struck again by the fact that the difference between research and practice is one of degree rather than kind. I suppose that the greatest area of difference is implied by the terms "systematic" and "communicable and verifiable," and we will return to these terms later.

The dichotomization between research and practice is often arbitrary and artificial; further, I regard this dichotomization as unhealthy for two reasons. First, such a distinction makes it more difficult to develop research projects. Second, it makes practitioners somewhat loath to look at their practice in objective terms, although such self-scrutiny might go far toward improving practice, and sharpening one's own skills.[2]

A number of research-related terms are bandied about these days. We hear often of "survey" research, "basic" research, "applied" research, and "demonstration" research. I find these distinctions somewhat arbitrary and, at times, self-defeating. According to Macdonald:

Basic research is usually taken to refer to investigations directed toward the accumulation of knowledge for understanding the world. The motivation of basic research is understanding, without regard to immediate practical consequences.[3]

On the other hand, applied research "usually refers to investigation directed toward the acquisition of knowledge in order to control natural phenomena."[4]

We can think of many instances in which the line of demarca-

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[1] Mary E. Macdonald, in Norman Polansky ed., *Social Work Research* (Chicago: University of Chicago Press, 1960), p. 20.

[2] The implied distinction between objective self-appraisal and the type of appraisal inherent in such media as case records may be questioned. I can only suggest that traditional case records be contrasted with those maintained under the tutelage of Willam Schwartz at the Columbia University School of Social Work, in which he has developed an objective schema wherewith to report, in generalizable and reproducible terms, the transactions that occur in membership groups.

[3] Macdonald, *op. cit.*   [4] *Ibid.*, p. 40.

tion between basic and applied research is indeed difficult to find. It is my opinion that this too is a matter of semantics. What may be basic research at this moment in time may be, only five minutes hence, applied research in someone else's eyes, or perhaps even in our own. Usually, I believe and fear, the term "applied research" is used with some condescension, as though it were "less scientific" than basic research. Even assuming that a legitimate distinction could be made in all cases between basic and applied research, I do not consider that such condescension is warranted. Too often we are creating a straw man. On the other hand, someone who wishes to do some sloppy research may call it "applied" because "anything goes in applied research." This certainly is not the case: although there usually will be more difficulties of control in applied research than in basic research, this is no excuse for neglecting control in the design or operation of applied research.

On the other hand, I believe that there is a difference between the research emphasis and the demonstration emphasis. In a demonstration project we may not deal with a highly innovative procedure; we may seem to demonstrate that an accepted procedure can be provided in a new context, or for a new population, focusing, therefore, upon feasibility rather than upon outcome per se. While assuredly we must evaluate the impact of the service, we must first create the service, and then evaluate its impact in a fashion which will contribute to an understanding of the feasibility this particular program holds for implementation in new settings. I must say, however, that only too often people speak of "research" on the one hand and "demonstration" on the other, with the connotation that "anything goes" in demonstration since one can't be doing research and demonstration simultaneously. Certainly, the label "demonstration" cannot be taken as an excuse for shoddy workmanship in the evaluative area.

Kahn [5] has made what I regard as a highly significant differentiation among the characteristics of various levels of research. I regard the first two of these four levels—random observation and formulative-exploratory studies—as being of preresearch character

[5] Alfred J. Kahn, "The Design of Research," in Polansky, ed. *op. cit.*, pp. 48–73.

in that they both provide a basis for the creation of more meaningful research designs. In the remainder of this discussion, however, I will focus particularly upon the third and fourth levels: diagnostic-descriptive studies and experimental studies. In Level 3 studies, we investigate relationships, whereas in Level 4 studies we aim for a determination of causality. I believe that the remaining differences flow from this initial differentiation; that is, in establishing causality we are stressing the need for an awareness of all relevant variables for explicit hypotheses from which testable predictions can be derived, for rigorous samplings and for measures of a nature which will permit complex statistical manipulation, and for rigorously controlled variables.

I have found it worthwhile to consider five different types of research which can be subsumed under what we here term Level 3 and Level 4 research:

1. *The field study.*—Most characteristically, this type of research involves the collection of data outside the laboratory, among people in their usual environment. This type of study may involve a single survey, or it may involve a longitudinal survey of the subjects. The field study is methodologically weak, for there is an inherent lack of control, the possibility of many contaminating factors, some question as to the typicality (reproducibility and generalizability) of results, and, from this, the possibility of extracting only correlational rather than causal evidence.

2. *The natural experiment.*—The natural experiment occurs when some change comes about in the life of the individual or the group without experimental manipulation. For instance, one might investigate an individual's attitudes toward professional supervision while he is a student and later when he is a supervisor. This design does not preclude inadequacies of control. Moreover, one can only conduct a natural experiment when some change does take place. On the other hand, in the natural experiment we are moving in the direction of securing evidence as to possible causal relationship among variables.

3. *The field experiment.*—The field experiment involves experimental manipulation in an actual operating situation. This might involve, for example, providing different types of supervi-

sion to different students, then measuring outcome in terms of such variables as student learning, satisfaction, and student performance. Again, there is a lack of complete control, gaining co-operation of participants often is difficult leading to various forms of bias. However, most of the "good" research conducted in social agencies is, at best, of the field experiment variety.

4. *Natural groups in the laboratory.*—This is, in essence, a modification of the field experiment, through which one has better control of the variables.

5. *Artificial groups in the laboratory.*—This is the most rigorous form of research. There is a growing trend toward this type of research, as exemplified by the vast literature in small-group research. It is somewhat paradoxical to note that while such experimentation is "best" in terms of the reproducibility criterion, it rates quite low on the generalizability criterion: artificial groups in the laboratory hardly can be viewed as representative of the general population in most instances.

Within the framework provided by these categorizations I shall discuss a number of research projects completed or currently being conducted by the Associated YM-YWHA's of Greater New York. In each case I shall identify both the level of research, and the general strategy used in its planning. I shall start with studies representing the lowest level of research.

1. THE STUDY

The Associated Y's is engaged in a demographic study of its 50,000 members, supported initially by the Russell Sage Foundation. This involves having one representative from each family served by the Associated Y's, or each individual in the case of individual memberships, complete an objective questionnaire supplying a wealth of demographic information. These data are being processed and will be incorporated into a report to be published later in 1967.

Research level.—This is Level 1 research: random observation-preresearch. There is no study aim save the collection of data descriptive of the broad memberships of the Associated Y's centers.

The variables are not conceptualized except in so far as we have a general notion of what to look for in making any demographic study. There are no hypotheses formulated and there are no sampling requirements save the expectation that all members will be represented on the questionnaire. The variables, as such, are uncontrolled; we want to collect descriptive measures, not to control variables. Similarly, there is no research design as such since this is a preparatory survey.

Implications for practice.—The implications for practice are considerable. When we examine these data statistically, we doubtless will find a number of interesting relationships, such as the relationship of religious education or secular school levels to patterns of center participation which will be of help in program planning. In addition, such data help the agency in general planning and in reporting upon its services. Finally, by having this storehouse of information available on each center, we will be in a better position to decide upon areas for future research and demonstration.

2. THE STUDY

In the summer of 1965 the Associated Y's Research Department conducted a study dealing with the leisure-time activities of adolescents in two neighboring suburban communities. Questionnaires used in this study focused on what the adolescents did during their leisure hours, how satisfied they were with these activities, and how they viewed their own emotional health. In the most general terms, it appeared that the youngsters saw a need for additional organized social-recreational activities as well as the need for a skilled person to whom they could go with problems. Fifteen percent of 700 adolescents interviewed in one of the communities saw themselves as "having more problems than most," and many expressed the desire to have someone with whom they could discuss these problems.

Research level.—This study could be regarded only as Level 2 research, a formulative-exploratory study. The goals of the survey were to get a better picture of the leisure-time needs of adoles-

cents in these communities and to derive information helpful to the creation of later research and demonstration programs. In terms of the prior knowledge of variables, there was a sensitivity to variables, based upon a number of interviews conducted preparatory to questionnaire construction, but in truth the variables were sought after through the study rather than known before the fact. No hypotheses were formulated prior to the initiation of the survey. As suggested in Kahn's table, the sampling requirements were "informally considered for the range of cases." [6] Similarly, variables were sought for rather than controlled. The research method was flexible, although it was sufficiently formal to permit comprehensive statistical analyses of the data, which established a number of relationships between, for example, age level and the awareness of emotional problems.

Implications for program.—The implications of this study for program are quite obvious. First, it is possible to obtain a picture of adolescent needs and interests so as to plan better community center programs. Second, by obtaining "hard data" on the perceived prevalence of emotional problems, it has been possible to develop a rationale and justification for the provision of walk-in consultation services in the centers, such as the addition to center staff of a mental health professional who is available to those seeking short-term counseling, or help with referral where warranted.

3. THE STUDY

We completed recently an evaluation of differences among different classes of Head Start participants, supported by the Office of Economic Opportunity. The differences studied were those hypothesized as existing among three groups of parents of disadvantaged children: those who, on their own initiative, enrolled their children in Head Start programs; those who enrolled their children in Head Start only after being visited and solicited by the project staff; and those who refused to enroll their children in Head Start despite the staff's solicitation. The evaluation

[6] *Ibid.,* p. 58.

focused upon measures of intelligence and intellectual functioning, measures of childhood experience regarding usage of toys and play materials, play activities, living conditions, parental aspirations for the children, parental job mobility, and knowledge of the community. In global terms, it was hypothesized that there exists a continuum of disadvantage: that those who refer their children to Head Start on their own initiative would be considerably more like middle-class families than those who refuse to send their children after prompting. A number of specific predictions derived from this hypothesis, as the listing of measures indicates. A number of highly significant differences were found among these three groups of parents, all of which were in the predicted direction and most of which supported the central hypothesis completely.

Research level.—As a diagnostic-descriptive study, this represents Level 3 research. Quite clearly, the aim was to describe relationships between variables; descriptive variables were assumed as known; hypotheses were spelled out explicitly; sampling requirements were rigorous, involving the creation of matched samples. There was no control of variables aside from that inherent in the sampling design. In terms of the design, the method was formal, created in the light of anticipated statistical methods of evaluation. In terms of the type of research employed, this was clearly a field experiment: experimental manipulation in an actual operating situation. Here, the independent variable was the nature of referral—self-referred, referred after reaching out, or refusal to refer.

Implications for practice.—In the previous two studies there was general applicability of results. In the current instance, there was enormous potential for the specific implementation of results in terms of innovative programs aimed at reaching the many substrata of disadvantaged. In essence, the study showed conclusively that the disadvantaged population is not monolithic and that varying approaches must be used in order to enlist in Head Start those children for whom a cognitive enrichment program is crucial. In addition, this study provided a number of suggestions for additional research and demonstration.

4. THE STUDY

The associated Y's completed recently a study of the problems of integrating physically handicapped children with nonhandicapped children in recreational groups, supported by the United States Children's Bureau. This three-year demonstration project involved placing orthopedically handicapped children in play groups of nonhandicapped children in an associated Y community center. Using a number of objective measuring instruments, supported by case records, the program was found to have a highly meaningful, positive impact upon its participants. A number of predictions were made as derivatives of the central study hypothesis, which was that the interpersonal skills of orthopedically handicapped children would be far less developed than those of nonhandicapped children, and that this relative lack of ability in the interpersonal area would foster feelings of inadequacy and dependence among handicapped children. The predictions were borne out, showing, in the aggregate, that such a program does have a dramatic positive impact upon its participants in improving their social skills and self-image.

Research level.—This was a Level 3 study, a demonstration study. Although it was not proposed as a purely research study, there were very definite aims, born of the central program hypothesis, and there was a very definite perception on the part of the applicant agency that some evaluation must be made of the project to test its efficacy. However, although one manifest aim of this project was to demonstrate the feasibility of implementing a program of this nature in the context of a community center, the program itself was accompanied by rigorous evaluation which not only contributed to decisions as to whether or not such programs should be continued, but added also to the field of general knowledge regarding recreation for the orthopedically handicapped, giving rise to a number of additional study hypotheses and questions. In terms of the type of research this was a field experiment.

Implications for practice.—The specific implications of this study for practice were many and profound. Whereas few Associ-

ated Y agencies accepted orthopedically handicapped children prior to the initiation of this study, twelve of our centers now do so. (The valuable collaboration and support of the New York Service for the Orthopedically Handicapped has enabled our centers and other agencies to enlarge their services to this population.) I have also received much feedback from this study, particularly numerous requests for papers and reports describing the study, from many individuals and from organizations which are planning to initiate similar programs.

5. THE STUDY

The final study, in which we are currently engaged, is concerned with changes in attitudes about mental illness and is supported by the National Institute of Mental Health. This study focuses on determining whether the exposure of community center staffs and normal members to psychiatric patients, as part of the psychiatric "overlap" programs maintained at three of our centers, changes the attitudes toward psychiatric disorders held by staffs and members. We expect that exposure will bring about positive change; this will be important for future program planning, and for evaluating some of the values of overlap programs with psychiatric hospitals. This particular program is seen as a first step in the creation of a number of research and demonstration projects dealing with a more precise evaluation of the potential of organizations such as ours in community mental health programs. The study involves the distribution of objective questionnaires to a stratified random sample of Associated Y members and staffs, but in centers where there is an overlap program and in centers where there is no overlap program. In addition, longitudinal measures are being taken, through the presentation of these instruments to members and staffs of a center where no overlap exists with a follow-up scheduled for one year later after an overlap program has been initiated.

Research level.—One might say that this study represents research of Level 3½, or perhaps, more optimistically, Level 4—. Obviously it is of a higher level than diagnostic-descriptive studies

of the sort we have been discussing; on the other hand, there is no manipulation of variables as such; in terms of type of research, it falls into the field experiment category. In terms of study aims, to the extent that we are studying a phenomenon longitudinally, and isolating various characteristics of the subjects studied, we may make some tentative suggestions regarding causality. In truth, all important variables are assumed as known; likewise, the hypotheses are explicitly formulated, and cast in terms of testable predictions. Moreover, the sampling procedures are rigorous, involving the creation of a stratified random sample. There must remain, however, some question regarding the degree of rigor with which the variables are controlled. In essence, as in any field experiment, there well could be a number of seemingly extraneous factors which affect the study outcomes. Finally, this is a rigorous experimental design, permitting the application of sophisticated statistical analyses.

Implications for practice.—To be perfectly candid, the implication that this study has for immediate practice is slight. Certainly, nothing learned about attitude change in this study is going to foster immediate changes in our psychiatric overlap programs. If one were to impose a basic-applied continuum on our research endeavors, this study would be near the basic end; its major contribution will be toward increasing the general fund of knowledge in this area. However, there will be long-range payoffs since we do recognize the importance of attitudes in effecting behavioral change, and may wish to modify certain attitudes uncovered by this study.

I suspect that, during its early stages, the Research Department of the Associated Y's was viewed with some suspicion by the member operating agencies. I know that often I became involved in some banter along the lines of: "When are you going to start looking at us through one-way mirrors?" or, "Are we going to be able to keep some of our members after you start doing research?"

My focal emphasis was, and is, to solicit from the practitioners questions which *they* would like to have reduced to researchable terms. These questions may or may not be translated into re-

searchable topics or research proposals; in any event, they aid the practitioner to look more clearly and open-mindedly at the way he is going about his business. Second, in all instances, I try to avoid *attaching* research and/or evaluation to a service program or demonstration project. Instead, I try to make the research a logical outgrowth of the concern with practice. I have learned that in many instances it is folly to require practitioners to spend any significant amount of their time in a project which is peripheral to their primary task, which is, and should be, to provide service to clients. Instead, I try to develop research ideas with the participation of the practitioners. In some instances I have succeeded, and in some I have failed. I must say that where I have failed it usually has been my failure, not the practitioners'. For example, the studies we have done with Head Start populations, the study of orthopedically handicapped children, and the study of leisure-time activities have been extremely popular among practitioners and have enlisted their thoroughgoing support. On the other hand, the demographic study and the study of attitudes about mental illness have been viewed as somewhat removed from practice concerns.

A list of do's and don't's for the researcher attempting to develop projects within an operating agency may be useful:

1. The researcher must clearly understand the function of research and the level and type of research with which he wishes to deal.

2. The researcher must be willing to spend time explaining to the practitioner the nature of the planned research, focusing perhaps on the thought that we are all engaged in research at some level in making our day-to-day decisions and in maintaining our day-to-day programs.

3. The researcher must be willing to spend time being taught. Often I encounter research people who have no understanding, and little tolerance, for the realistic concerns of the practitioner. To be successful, the research expert must be willing to abandon his preconceptions and learn more of the practitioner's world.

4. Finally, the researcher must learn the art of selective serendipity. From among the many problems or phenomena which de-

serve research attention, he most fruitfully will select those which are related highly to practice, in terms which can be appreciated by the practitioner.

As I have indicated, I feel that often the "gap" between research and practice is more a matter of semantics than of fact. There is, however, one basic difference in operating mode between the researcher and the practitioner: the practitioner most often is overwhelmed with the pressure of daily concerns, while the researcher has, almost by definition, a longer-range view. It becomes, therefore, the obligation of the research person to foster and to aid in the creation of approaches which will assist the practitioner in the most direct possible fashion.

Protective Services
for Neglected Children

by BERNICE BOEHM

THE PROBLEM OF NEGLECT and abuse has been identified as our most important child welfare problem and a major cause for placement of children in foster care. In a nationwide survey by the U.S. Children's Bureau, neglect was found to be the principal problem for 43 percent of all children in foster care under public auspices and for 17 percent of those in foster care under voluntary auspices; it appeared among the first three problems for almost 50 percent of all children receiving child welfare services from public agencies and for more than 20 percent of those who were receiving services from voluntary agencies.[1] The growing concern over child neglect has resulted in new protective legislation and in the rapid development of protective services, primarily under public auspices, although many communities offer little more than lip service. This poses an imperative need for an expansion of knowledge and substantive research in the area of neglect to enable social workers to carry the heavy responsibility for decision-making that is inherent in protective services; and to develop models of family behavior which can serve as a framework for the assessment of family functioning in determining the extent of neglect and in considering the potential need for removal of the child from his family.

Research in protective services was carried out in the Twin Cities, Minneapolis and St. Paul,[2] a large urban area with a pop-

[1] Helen R. Jeter, *Children, Problems, and Services to Child Welfare Programs* (Washington, D.C.: U.S. Government Printing Office, 1963), pp. 2, 4, and 5.
[2] The research was carried out under the auspices of the Minnesota Department

ulation of more than a million. Protective legislation in Minnesota is broad and comprehensive and makes it mandatory to channel complaints of child neglect or abuse through the welfare department for investigation and treatment. This enabled the researchers to secure complete coverage of neglect complaints, active cases, and decision-making in protective situations during the period of study.

In protective services a heavy responsibility for decision-making rests with the social worker, since the request for service does not come from the family itself but results from community concern about the mistreatment or inadequate care of the child. This process conflicts with strongly held values and cherished legal rights against the invasion of privacy; and intervention requires authorization by legislation or by special charters granted to voluntary agencies.

Throughout the period of service, the social worker is faced with a vital question and a critical decision. Can the family be helped to improve its pattern of child rearing, or is the situation so hazardous to the child that plans must be made to remove him from the home? The responsibility for making such a decision is overwhelming, since placement may be necessary despite the opposition of the parent, and may entail initiation of legal action for custody or guardianship of the child. Because of the social control function of protective service, its legal enforcibility, bearing with it the potential for removal of the child from the family, the identification of the model of family functioning used for protective intervention and placement decisions is crucial.

These, then, were the focal questions of our research: How are decisions for placement made? What criteria are used by the social worker in determining whether or not placement is needed? How does he evaluate the adequacy of the family to continue the care of the child? Are such decisions reached on the basis of clearly determined criteria, or are they random, capricious decisions based on single pieces of behavior or individual judgment, and differing from worker to worker?

THE ROLE OF THE COMMUNITY

Protective services operate as one part of a larger system, a system whose major components are the community, the family, the child, and the social agency. The first step in the sequence of decision-making rests with the community, since recognition of the existence of neglect and the request for service do not come from the client himself, but from the community. Thus the first step in decision-making has already been taken before the social agency enters into the situation.

Like other social services, protective service is both an expression of the humanitarian values of society and an exercise of social control, providing help to the child who is neglected, exploited, or abused as well as protection to society through the control of deviant behavior. Neglect, as a concept, is culturally defined, and each community identifies for itself, explicitly or implicitly, the child-rearing behaviors of which it disapproves and those which it considers harmful. Responsibility for the initial decision about the need for protective service rests first with the community when it perceives and refers situations to the agency in which it has vested the responsibility for protective action, and second with the agency which investigates the referral, determines whether protective intervention is needed, and decides upon the treatment plan for each family accepted for service. The crucial role of the community in this process is readily apparent. Through its selection of situations for referral to the protective agency it sets up the boundaries within which protective action can take place and establishes a culturally sanctioned definition of neglect that expresses the community's values, norms, and assumption of responsibility. The study of the community's definition of neglect, and its willingness to sanction protective intervention, thus became the first focus of the research.

In order to determine the kinds and types of situations which the community considered harmful to children and the kinds of situations in which protective intervention would receive support, questionnaires were mailed to a stratified sample of com-

munity groups that, experience showed, play a significant role in the referral and disposition of neglect complaints. This included professions concerned with child care: medicine, law, education, nursing, social work, the police, and the clergy, as well as community policy-makers, such as legislators and agency board members. The rate of response was 81 percent of the total, and approximately fourteen hundred completed questionnaires were used in the analysis of community attitudes.

The respondents were presented with vignettes typical of problems frequently found in protective referrals. Three general classifications were chosen; (1) situations involving physical neglect or abuse of a child; (2) situations of emotional neglect evidencing disturbance in the parent-child relationship, with overt manifestations of emotional disturbance in the child; (3) situations where the parents' behavior violated community norms and values, but where no emotional neglect, physical neglect, or abuse were apparent. The purpose of this inquiry was to determine the type of situation in which members of the community would approve of protective intervention, regardless of the family's resistance to seeking help.

Fairly clear patterns of community opinions and convictions emerged from these responses. There was strong consensus for protective action in situations involving physical hazard to the child. Situations involving emotional neglect drew equally strong consensus; however, a large majority opposed protective action.

Here are typical examples from each group.

Mrs. Pitt has two daughters, ages 7 and 9. The children have lice and suffer from impetigo, an infectious skin disease. Mrs. Pitt has not kept clinic appointments or carried out the doctor's instructions.

This situation received the strongest support for protective intervention, with more than 80 percent of the respondents favoring intervention as a necessary action.

Let us contrast this with a situation illustrating emotional disturbance:

Jerry, a boy of 11, keeps to himself at school, does not play with other children, and seldom speaks to anyone. His teachers consider him

tense and troubled. The parents have been asked to take Jerry to a guidance clinic, but have refused to keep the appointments because they do not feel the boy is having serious problems.

Approximately 75 percent of the respondents were opposed to protective action in this case. Here are two situations in which evidence of damage already exists. In one, the children have an unpleasant but not serious physical ailment; in the other, a tense, severely withdrawn child has emotional problems that appear to be more severe than the medical problem posed by the little girls. Impetigo is contagious, however, and it is interesting to speculate upon the influence of this factor in the community's strong positive sanction for protective intervention. On the other hand, the long-range effects and community hazards resulting from the emotional disturbance of Jerry appear to be either less clearly perceived or of less concern. It is evident, then, despite the inclusion of "emotional neglect" in Minnesota's protective legislation, that the community does not consider this a significant factor in its formulation and use of the intervention model of family behavior, and provides little support or sanction for protective intervention when the child's emotional well-being is at stake.

The third type of situation, where parental delinquency and deviant behavior were present, and where socialization of the child rather than physical or emotional neglect was involved, received less sanction for protective action than might have been anticipated. Somewhat less than 50 percent of the respondents considered protective action necessary:

Mrs. Young is a divorced woman with three children under school age. She is fond of the children and gives them good physical care. She is sexually promiscuous, however, and often has had men staying overnight at her apartment.

The community sanction for protective intervention was approved by only 45 percent of the respondents. However, several respondents stated that they endorsed protective action "only if she is receiving AFCD." This strange concept of a double standard of morality is most revealing.

Characteristics of referred families.—The study of community attitudes had been based upon hypothetical cases focusing completely upon selected family behaviors. We next went to the agency to study the families who were actually referred for protective service. What were the characteristics of these families? Was there any linkage between these characteristics and the situations for which the community approved protective intervention?

Two major questions were explored: Do these families represent a cross section of the total population of the community, or do they differ from the general population in their family structure and socioeconomic characteristics as well as in their child-rearing behavior? What is the relationship between the demographic and socioeconomic characteristics of the families and the community's perception and appraisal of their behavior?

Within recent years more attention has been focused upon socioeconomic factors and their significance in shaping family functioning with particular reference to child-rearing patterns.[3] These factors have been shown to operate as cultural determinants, carrying with them prescribed value judgments, patterns of aspiration, and other patterns of social functioning. Although their major impact upon the child occurs through his experience within the primary family group, they also have a cumulative effect in providing him with both opportunity for, and restriction of, specific modes of behavior in the school among peer groups and in other secondary group memberships. Consequently, we might anticipate that the socioeconomic characteristics of the referred families would have implications for possible causal factors entering into the neglect or abuse of the child, or for the pattern of services needed by the child and his family.

The analysis for the total intake, numbering 183 complaints over a two-month period in the Twin Cities, showed a marked pattern of differentiation between the families involved in ne-

[3] See Walter B. Miller, "Implications of Urban Lower-Class Culture for Social Work," *Social Service Review*, XXXIII (1959), 219–36; Herbert J. Gans, *The Urban Villagers* (New York: Free Press of Glencoe, 1962).

glect complaints and the general population of the community. The preponderance of the neglect families came from the lowest socioeconomic strata, and differed from the general population in a significantly higher incidence of broken homes, minority group membership, lower income and education, substandard housing and neighborhood, and large family size. Although educated, economically advantaged families were also found among the referrals, these were the rare exceptions, and more likely to involve situations of physical abuse with overt manifestations of severe emotional disturbance.

In our society the most typical family structure is the intact home in which the child lives with both parents. In the general population of the Twin Cities [4] 93 percent of the families with children under eighteen years of age consist of a home with two parents. In the neglect complaint families, on the other hand, only 40 percent have two parents in the home.

In the general population, only 3 percent of the families are dependent upon general relief or public assistance; in the neglect complaint families, 42 percent receive assistance. The preponderance of the population, both in the general community and in neglect families, is Caucasian, but the proportion of nonwhite neglect families is almost three times that in the general population. In the general population fewer than 10 percent of the husbands are in unskilled or service occupations; in the neglect families, more than 50 percent are in this occupational group. In the general population approximately 17 percent of the families live in a high-delinquency area; [5] in the neglect families, approximately 50 percent live in these areas. As might be anticipated from these statistics, the great majority of the families involved in the neglect complaints had had extensive contact with the welfare department and other social agencies prior to the current complaint.

The second step, then, in the community's perception and assessment of family inadequacy and its definition of the interven-

[4] Data based upon U.S. Census of 1960.
[5] Based upon census tract statistics for juvenile arrests.

tion model is to single out the families who belong to the lower socioeconomic strata in our society. The marked contrast between the socioeconomic status of the neglect families and that of the community in general raises the legitimate question of possible bias on the part of a predominately middle-class group toward those of lower status. Do neglect complaints and protective intervention represent a tendency to interpret deviance from middle-class norms as pathological or harmful to the child when they may be, indeed, a reflection of differing subcultural practices and norms? This question, which the current research cannot answer, merits further consideration and research. However, it is important to recall the community's response to the questionnaire, since the selection of cases for protective intervention was based upon case illustrations from which all indication of socioeconomic status was deliberately omitted. The high priority accorded to physical neglect by the community for the intervention model inevitably results in the referral of families most vulnerable to this kind of problem, and in the selection of families where neglect is most visible.

The families have often been referred to as "multiproblem families"; but perhaps it would be more relevant to the issue of child neglect to describe them as "multiple-stress families," since life in the great majority of these families follows an involved, multidimensional pattern of stress. The stress and hardship caused by inadequate income are too obvious to require discussion. In addition, there are also stresses resulting from minority group membership, high delinquency environment, low job status, marital tension, and the stigma attached by the community to the status of relief client. Furthermore, when these stresses are compounded by the psychological stress inherent in the one-parent family, where the mother assumes the total responsibility for management, guidance, and physical care, lacking adequate emotional as well as financial support, the resultant stress is often overwhelming. However, little attention has been given to the alleviation of stress in such families, even though their prevalance in neglect caseloads marks them as a group of high vulnerability.

PLACEMENT DECISIONS

In order to study the criteria used in reaching decisions for the separation of child and family in cases of child neglect, we went directly to the protective service agencies in the Twin Cities, and studied actual decisions rather than hypothetical cases. The basic data for the study were secured from 200 active neglect cases: 100 children who were separated from their families after the study began; and 100 children whose placement was not under consideration since the social worker believed it possible to work effectively within the family setting. The placement cases were not preselected but were taken in consecutive order as placement occurred until the desired number was reached. The nonplacement cases, on the other hand, were selected from the caseloads of the same workers who were responsible for the placement cases, and were matched as closely as possible to the placement cases by age and sex. The nonplacement cases were classified by the workers into two levels of adequacy: families who were "reasonably adequate" and families who were "marginal." Nonplacement cases were included only if they had been active with the agency for six months or more, so that there would have been sufficient contact with the family to reach a decision against placement.

Two major assumptions guided this study. First, we assumed that although criteria for evaluation of family inadequacy had not yet been made explicit, there was a likelihood that implicit criteria might be evident in the decisions of the social workers. Second, we assumed, because of general social work values, and the explicit practice philosophy voiced by the agency, that a child would be separated from his family only when the hazards to his welfare were considered too great to permit him to remain in his own home. Thus, the comparison between the placement and nonplacement cases would be based upon the workers' assessment of parental adequacy, and would yield the general dimensions used in the assessment of family adequacy as well as identify the crucial dimensions involved in the placement decision.

Only brief mention can be made here of the methodology used

in comparing the placement and nonplacement cases. Families were rated on behavioral items drawn from lists submitted by workers in the protective agencies and selected from their own caseloads. These lists, originally containing approximately 2500 items, were reduced to 140 items through elimination of similar or duplicate behaviors. The process used for rating was the *Q*-sort,[6] which required the workers to select a specified number of items in five categories ranging from behaviors "most like the family" to those "most unlike the family." This enabled us to assign a numerical value of 1 through 5 for each item, and to determine differential scores and profiles for each family.

In order to reach a level of generality which could not be provided by individual item behaviors, these items were then subjected to factor analysis [7] to determine whether or not the correlation among items could identify clusters that could be grouped into recognizable behavioral patterns or dimensions. The large number of behaviors rated by the caseworkers of these 200 families was found to yield 12 discrete behavioral dimensions. These factors or behavioral dimensions then classified for us the kinds of general behavioral patterns that caseworkers look at when they assess neglect, and the kinds of questions they ask themselves in deciding on the level of adequacy of specific families. The content of these behavioral factors is revealing and answers our first question: Do social workers base their decisions on a global adjustment of family adequacy, or are there generalizable but definable criteria which they consider important and use as a basis for decision-making?

Each factor or behavioral dimension consisted of several items. Two factors deal with general family behavior. The first concerns household management: Is the home clean? Are the children adequately nourished and clothed? Do they receive good physical care and appropriate discipline? The second deals with the family's insight into the problem: Does the family have an under-

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[6] For a more detailed description of this methodology, see William Stephenson, *The Study of Behavior* (Chicago: University of Chicago Press, 1953); Norman A. Polansky, "Techniques for Ordering Cases," in Polansky, ed., *Social Work Research* (Chicago: University of Chicago Press, 1960), pp. 164–66.

[7] Since the factors reproduce the common variance of the initial set of items, this reduces the data to a smaller set of variables with a minimum loss of information.

standing of its problem? Does the family cooperate with the agency in trying to improve its child-rearing practices? We found that placement cases had significantly lower scores on these factors than the nonplacement cases.

The next four behavioral factors deal specifically with the behavior of the father. The first has been termed "interest and affection of the father": Does the father show interest and involvement with his family and a desire to keep the family together? The second concerns delinquent behavior on the part of the father: Is his behavior characterized by alcoholism and sexual promiscuity? The third has been termed "impulse control of the father": Does the father evidence physical violence toward his wife and children? The fourth concerns the father's over-all emotional adjustment: Does he shows signs of marked emotional disturbance with internalized symptoms of depressed, withdrawn behavior? Of the four factors dealing with the father, only the first plays a part in the placement decision. Families who score low on this factor are highly likely to have children who go into placement. Otherwise, the father's behavior shows no difference between the two groups and thus may be assumed to have no significant effect upon the placement decision.

Four factors describing behavior of the mother show a close similarity to those used to evaluate the father's behavior. The first of these has to do with the mother's interest and affection for the family: Does the mother lack motivation or desire for keeping the family together? Does she seem overwhelmed by her family responsibility? The second factor deals with the mother's acting-out behavior: Does she show evidences of sexual promiscuity or alcoholism? The third factor deals with the mother's impulse control: Does she exhibit hostile, punitive behavior toward the children? The fourth maternal factor deals with the mother's emotional disturbance: Does she show signs of severe depression or withdrawn behavior? Although these questions closely parallel those that are asked about the father, we find that evaluation of the mother, unlike that of the father, plays a very strong role in the decision for placement. And children in the placement group come from families that have a significantly lower score on every aspect of mater-

nal behavior than do the children in the nonplacement group,
except for delinquent behavior of the mother which appears to
play no part in the placement decision.

It is particularly important to emphasize the important role of
maternal behavior. Obviously, these results indicate that primacy
in reaching the decision for placement is given to the question of
whether or not the children are getting good maternal care. The
father's behavior has far less significance in determining whether
or not the child can remain with his family. This is true regard-
less of whether the father is in the home or out of the home. In
fact, in many instances when the child is in a two-parent family,
and the decision is made to leave him in his own home, the
worker is likely to classify this as a "marginal" situation. It is al-
most as if the worker were asking: "Why should neglect exist in a
home where there are two parents, and the stress of the one-
parent home is not present?" We have already spoken of the fact
that the majority of families referred for protective service come
from one-parent families. When we find that the decision for a
placement is based largely on an evaluation of the maternal care
of the child, we gain additionally strong reinforcement for our
conviction that more study and help are essential for the purpose
of strengthening family functioning in the one-parent family, and
for developing a creative, readily available community-support
system for alleviation of financial, environmental, and psycho-
logical stresses inherent in the single-parent family.

The remaining two factors concern the behavior of the chil-
dren. These show a gross division into two major patterns: the
neurotic child, characterized by withdrawn or frightened behav-
ior; and the acting-out child whose behavior is characterized by
delinquency. It is of interest to note that neither of these dimen-
sions plays any part in the placement decision, and the placed and
nonplaced children show no significant differences in the inci-
dence of behavior problems of either sort.

As a second step in the caseworker's assessment of family ade-
quacy, we sought to discover whether the behavioral dimensions
that entered into the placement decision would also enter into
the worker's placement plan, and the prognosis for the duration

of placement. At the time of placement, the caseworkers were asked to classify each case into one of three categories:

1. The child will need temporary placement of less than one year.
2. The child will need placement for longer than one year, but will probably eventually return to his family.
3. The child will need permanent placement until he is self-sufficient or is placed into adoption.

The following research questions were posed: Is there a constant relationship between the scores on the behavioral scales and the length of time that the child is considered to require placement? Do the families where placement is seen as a temporary measure for less than one year show more "desirable" behavior, as indicated by scores on the twelve factors, than the families where placement will be needed for a longer period, or where placement is seen as a permanent measure? Our assumption was that prognosis of the duration of placement would also be a reflection of family adequacy and could be measured by the same behavioral scales that differentiated between the placement and non-placement cases. In essence, we were trying to refine our assessment model so that it would show varying levels along a continuum of family adequacy.

We found, however, that the three prognoses for duration of placement differed significantly on only one behavioral dimension. This was the scale that measured the mother's affection for the children and her desire to keep the family together. This would indicate that the major behavioral determinant affecting the perceived length of placement is the social worker's assessment of the mother's desire to have the child returned to her, or else a function of attributes not measured by the behavior scales that enter into the original decision for placement.

MODELS OF FAMILY BEHAVIOR

When the study was first begun it was entitled, "The Family Adequacy Study." Now we speak of "family inadequacy." The transition from one to the other may seem a small thing, but it

answers an important question which had been an issue since we
began to consider decisions in protective service. A basic question
that required exploration concerned the model of family behav-
ior which was to serve as the framework for evaluating each fam-
ily. Obviously, we cannot use the "ideal" family as a frame of ref-
erence or evaluate families by their deviation from ideal parental
behavior. The "ideal family" could not serve as the bench mark
for evaluation since social work, in serving families where neglect
already existed, had to determine whether or not the inade-
quacies were of such a nature as to preclude the possibility of
healthful development for the child.

Many models of healthy family functioning have been devel-
oped by family sociologists, and these include a far wider range of
behavior than those which entered into the evaluation of the fam-
ilies in the protective caseloads. Models of healthy family func-
tioning stress the significance of good marital relationships, sound
economic functioning, good sibling relationships, and participa-
tion in community activities. Such models of family behavior
might be called "aspiration models," since they express our aspi-
rations for healthy family functioning. Most of us would agree,
however, that inadequacies in most of these areas would not be
justifiable grounds for protective action, nor would they enter
into the definition of neglect. It would be highly unlikely that
unemployment, financial need, lack of community participation,
or even an unhappy marriage would be considered as valid
grounds for a "neglect complaint" and recommendation for pro-
tective services.

In contrast, the intervention model consists only of behavior
relating to the child-rearing functions of the family, and com-
munity sanction for protective intervention is given only with re-
gard to relatively gross, and presumably hazardous, inadequacies
in child-rearing behaviors. It is apparent from the behavioral
dimensions used by the social workers for evaluation that they
had this charge clearly in mind.

Emphasis has been placed upon the need for middle-range the-
ory in social work, having a closer relationship to the problem-
solving tasks of the profession, than might be found in theory on

a higher level of abstraction. The present research would bear this out, indicating that in the assessment of family adequacy it becomes important to raise the question: "Adequate for what?" The contrast between the intervention model with its limited range of behaviors and the more generalized models of family functioning which encompass the total range of desirable family behaviors is striking, and the two types of family models should be used differentially in accordance with the auspice, purpose, and social-control function of the service that is being enforced or sought by the agency. The intervention model to be used for family assessment in protective services differs sharply from the model used in assessment and determination of service goals in an agency where the family voluntarily seeks help on problems of family functioning. To be sure, the protective case may, in the course of service, evolve into one where broader goals may be sought and the scope and purpose of services widened. Here the aspiration model may become relevant to the purpose at hand and the assessment of the family. However, the expansion of goals and services can be justified only if the family itself is in accord with the change in the scope and purpose of the service, and cannot be enforced under the guise of "protective service."

It also becomes apparent that the concept of family adequacy is not a unitary concept; that is, adequacy and inadequacy cannot be measured as different points on a continuum. There are attributes entering into the assessment of inadequacy, attributes such as physical violence of the parent or delinquent behavior of the parent, which can only be used to measure the extent of family inadequacy, whereas *non*delinquent behavior or *non*violence cannot be quantified to assess levels of family adequacy. In the adequate family it is only important that these behaviors be *nonexistent*.

Industrial research has shown that the attributes which measure job satisfaction are often quite different from those which measure job dissatisfaction.[8] For example, financial compensation is a factor that applies to both satisfaction and dissatisfaction and

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[8] See R. Carlson *et al.*, *The Measurement of Employment Satisfaction* (Minneapolis: Industrial Relations Center, University of Minnesota, 1962).

varies directly with the job satisfaction-dissatisfaction continuum. On the other hand, the human relations aspects of the job, associated with working conditions and attitudes of co-workers, may be prime factors in the satisfaction and happiness of the worker but play little part in job dissatisfaction, and measurement of these factors will not vary directly along a job satisfaction-dissatisfaction continuum. However, in the assessment of family behaviors, we tend to think of family adequacy as measurable along a single continuum, sometimes using attributes for assessment which are irrelevant to the determination of family inadequacy for child-rearing. This may be tied in with the social workers' goals for providing each child with an opportunity to develop to his fullest potential, and may thus offer the temptation to use protective service in a manner that is unwarranted or incompatible with its legal enforcibility.

IMPLICATIONS FOR SERVICE

The inputs that have gone into the actual placement decision made by the protective agency consist of the values held by the community and the social agency, and information derived from actual observation of the family and child as well as from other sources of factual data. However, it would be unfortunate if the decision process were to stop at this point. Each decision is not only an outcome of the decision-making process, but becomes input data for later decision-making, by providing feedback by which the decision can be monitored and evaluated. This becomes particularly important when the outcome decisions can be classified in a priority system of desirability. We have professed our conviction that it is preferable to retain a child in his own home, and our obligation to strengthen the home wherever possible so that it meets minumum standards of adequacy. It thus becomes imperative to consider the data that have provided the input for the decision to place the child. What clues or guidelines do they provide to patterns of service that can serve a preventive function, so that the family can be strengthened and the child kept in his own home?

The socioeconomic characteristics of the families and children

most vulnerable to neglect and abuse have already been discussed, as well as their implications for family stress and breakdown. Creative measures are needed to provide the community support necessary to insure adequate parental functioning in such families. Perhaps the approaches used by the field of public health can suggest more effective directions for the delivery of preventive services. Although services such as homemaking and day care have been tried in protective cases, they have not been widespread and have met with limited success. In all instances, these services have been used within the traditional definition of protective services; that is, as treatment for families in which severe neglect has already occurred. A focus upon stress rather than problem would lead to a planned concentration of services for a vulnerable group and would require that these services be made readily available and easily accessible and that special efforts be made to demonstrate their value to the population at risk so that they will use the services on a voluntary basis. This approach is similar to the "public utility" approach strongly espoused by Kahn.[9]

The community and the social agency may indeed be wise in maintaining a stringent definition of neglect and in limiting involuntary protective intervention to the enforcement of minimum standards, since this protects strongly cherished values of individual freedom and enables the protective service to maintain the legal authority and backing necessary for effective functioning. It is to be hoped, of course, that the definition of neglect will undergo modification as new knowledge is acquired and demonstrated. The protection of children cannot be left entirely to protective service, however, since this service can be called into action only when dysfunctioning is severe. Protection as a total concept goes beyond the limitations of neglect and protective service. It calls for a strong linkage between protective service and the other community health and welfare services so that special areas of stress and vulnerability can be identified and an effective network of resources and services can be provided to alleviate stress and to prevent neglect, or at least to treat the problem when it is still in an incipient stage.

[9] Alfred J. Kahn, *Planning Community Services for Children in Trouble* (New York: Columbia University Press, 1963) .

Group Work in Public Welfare

by LOUISE P. SHOEMAKER

As THE USE OF SOCIAL GROUP WORK in the public assistance program assumes band-wagon proportions, it becomes necessary to define and refine what group work can contribute as one of the methods of giving the social services of the public agency and also to examine what it is not and cannot do. The term "group work" has become so generic that it is used for anything involving more than two persons. In stating what they hoped to get from an institute on group work in the public assistance program, most of the attending public assistance supervisors said they expected "to learn group work to use in group supervision." So, despite our many years of work, the battle of semantics rages on! And despite the much that is being said and published, there is still relatively little about social group work that is known and used by public assistance workers—and few social workers outside public assistance know much about the public assistance program.

What major issues confront the group worker who attempts to practice in the public assistance program?

Books, articles, films, television documentaries, and after-dinner speeches are all making the public aware of what public assistance clients are like. Part of the task of the professional is to sort out from these presentations what is factual, and from what is factual, what is useful in serving public assistance clients.

Notable among the long-term research on "the poor" is the work of Dr. Hylan Lewis,[1] which is most helpful in separating

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[1] Hylan Lewis, "Child Rearing Practices among Low-Income Families," in *Casework Papers, 1961* (New York: Family Service Association of America, 1961), pp. 79–92.

fact from fiction. One of the major facts about the poor, the clients of public assistance, is that there is such tremendous diversity among them, and if one can speak of subcultures at all, one must speak of many subcultures among the poor.

In addition to being poor, the public assistance client has the problem of *being* a public assistance client with all that this means in his own societal grouping and in the larger society. Henry Miller writes of the problem of identifying problems among AFDC families:

It is suggested that the most promising line of research concerns the family life-style characteristics. . . . AFDC families are in need of rehabilitative attention—they are . . . not in the mainstream of American life. And it is not merely that they are poor and unemployed and uneducated and ill-housed. It is hypothesized that they are intellectually crippled and constrained in their cognitions; that they are stultified in their aspirations, confused in their beliefs and attitudes; that they are, in Wiltse's apt language "hopeless families." [2]

While we wish to avoid stereotyping public assistance clients, many have in common definable problems which by their very nature present a challenge to the social worker, whether caseworker or group worker. However, the nature of some of the problems does mean that group work may be helpful where casework has not always been. Social isolation, family relationships, and social adequacy are some of the areas in which group work can offer distinctive help. In addition to these relationships, which are clearly social work's province, other areas of social functioning, such as parent and family life education, can be dealt with effectively through the group process and, depending upon a group's purpose and auspices and the worker's function, can validly be claimed for social group work.

The Baltimore City Department of Public Welfare, from which the practice records are taken, is typical of public welfare departments in the size of caseload, staffing problems, community criticism, and fiscal difficulties. It is typical in having pioneered in many areas of services to clients, the inauguration of group work

[2] Henry Miller, "Characteristics of AFDC Families," *Social Service Review*, XXXIX (1965), 408.

being one of them. At present, the department provides "services," as spelled out in the 1962 Service Amendments, by using social workers to give service and technicians to discuss eligibility with clients. While it was possible and profitable to use group work with public assistance when social workers were still responsible for determining eligibility, the new division of labor frees the worker to give service in depth and breadth.

(For the record, and for those agencies in which the social worker still handles eligibility for assistance, I want to mention that in earlier years we demonstrated in various categories that eligibility could be reviewed in a group with substantial benefit to the clients involved.)

The Baltimore department offers an integrated public assistance-child welfare service when possible, with a public assistance worker serving as protective worker also if a situation calls for both. While this is sound practice and usually of benefit to the client, since he then deals with fewer persons, it introduces a complexity for the worker to learn and work with effectively. The basic AFDC caseload is sixty clients, in accordance with federal matching regulations. All social workers have at least an A.B. degree; a few have some professional training.

Taking a step further than any reported to date, a group worker in the Baltimore department is now working with a caseload of AFDC clients, using the group work method as the primary method of giving service and supplementing this with individual contacts, or casework if you will, as necessary. The caseload, located in one housing project, was divided into groups of ten clients. The worker, new to all the clients, wrote each one that he was their new worker and set a time to meet with him in an office of the housing project.

GROUP NO. 7: FIRST GROUP MEETING

At just 10:00 o'clock, eight of the ten scheduled members had come. As they arrived, we arranged the chairs into a circle. I then suggested that we introduce ourselves.

I said that this was the first of four group meetings that we would have together. I said that I was their social worker, from the Southern District, AFDC, Baltimore Department of Public Welfare. I said that

our meetings would be held on successive Fridays at 1 P.M. and that after the four had been completed we would decide as a group as to the frequency of future meetings.

I said that these meetings were being held to provide AFDC recipients with an opportunity to talk together with the social worker about problems in understanding the program itself, as well as on other topics.

Mrs. Casey said, "You mean that we are going to meet here as a group of people to talk about AFDC?" I said that this was correct. She thought the idea was "very good—damn good, in fact." Mrs. Bright said, "And now we have a target." Mrs. Casey said that she didn't believe anyone would really start throwing things until they knew me better—and besides now they had someone who would at least sit still long enough to answer some questions.

I said that other social workers had answered questions, hadn't they? Mrs. Bright said, "Yes, most have been helpful, as far as they could be." Mrs. Casey remarked that so much is unclear about AFDC, and Mrs. Harris agreed.

I suggested that the group might want to start off with questions or things that were unclear about the assistance program.

Mrs. Casey said that sometimes one had to be careful about what kind of questions were asked. I asked why. She shrugged.

Mrs. Bright said that usually people who receive help are not really willing to ask too many questions. After all, there is the money. And sometimes the people one asks get irritated.

Mrs. Casey said quickly that she asks, most of the time, even if she has to ask so loud that they can't avoid hearing and answering.

Mrs. Bright said that people were sometimes concerned enough about a question to ask it, but would not pursue it. I looked questioningly, and she said that "most people" don't want to cause "trouble." I asked what she meant by trouble. She said that sometimes they feel that they antagonize a caseworker by asking too many questions.

I said that I felt that the group shouldn't worry about whether a certain issue or question would upset me. I wondered if that was really the worry, anyway—maybe some people don't talk about some things because of the way *they* feel rather than the way someone else feels.

Mrs. Casey went on to ask "how about" one social worker telling you one thing, and one telling you another, about whether or not you should go back to work, etc. I asked whether the social worker was asking her that, or whether he was looking at alternatives with her, the good and the bad, that she would encounter in going to find work. Mrs. Bright laughed and said that sometimes people don't hear things that we intended to be heard—this might account for some of the

difference in social workers and the way they talk. I asked if she meant that workers sometimes might not agree with each other. She said that it seemed as though people in general hear what they want to hear.

I said that no one had questioned why she should have a social worker in the first place. Mrs. Bright said that she had been wondering that for a long time. Mrs. Casey frowned and said that you have to admit people on welfare are "in trouble" one way or another.

I inquired what that had to do with social workers. Mrs. Casey said that she felt social workers were helpers in situations that were difficult for a person to solve. I said that seemed to clear it up: social workers decide things. Mrs. Casey said that if a social worker tried to decide something for her, she'd bust him in the nose—"No, they help you think." They *help,* I repeated.

After a pause, I suggested that from what the group had been saying, we were looking at this opportunity to meet together as something that could be positive; that we are looking at welfare help—the money and the rules—but also we are looking at how people think. I said it was sometimes important to be able to understand that different people see things differently.

Mrs. Bright thought this was good, and there were murmurs of agreement. She said that she felt everyone had questions that they did not feel they could ask of the worker when he came to the home. It is something else to be able to talk in a group of people just like you. She thought she looked forward to the meetings.

This beginning was virtually duplicated in each of the groups, with an amazingly ready response to this new method of service. Some groups moved more quickly than others to discussion about their own responsibility as clients and mothers, but all achieved a sense of cohesion within two or three meetings. The worker, with some years of experience as a caseworker in public assistance, felt that the whole process of helping was accelerated by the use of the groups. He thought that the clients were able to discuss problems with him individually after three or four group meetings which in similar instances with other clients had taken months to get at through casework alone.

The feedback into the group and the use of the group as a point of reference for individual work is illustrated in the following record of the worker's visit to a client's home. Mrs. Dan is a divorced mother of two children. The student had become ac-

quainted with her through four group meetings and one other interview in the Housing Authority office. The family has been receiving assistance for about two years. The mother has a seventh-grade education. The son, age seven, is in second grade, and the daughter, age four, is preschool. There is a history of agency intervention concerning child care and household cleanliness. Improvement has been noted over a period of time.

Mrs. Dan opened the door just as I raised my hand to knock. A few comments about the weather were exchanged as I was taking off my coat, and at that point the daughter came into the kitchen and said, "Hi, Mr. Osborne from the Welfare." She held out her hand. I stooped down and shook her hand, saying that I was glad to meet her. We talked for a moment about her new dress—Donna helped to sew on the buttons—and then she asked her mother if she could go back to the TV. Mrs. Dan nodded, and Donna went into the living room. I sat at the kitchen table with the mother. Donna sat on the floor close enough to the kitchen to hear us.

Mrs. Dan said she was glad I came because she wanted to tell me about that "dirty bitch" Mrs. Cox, a member of "our group." There was a pause, and I said that I had noticed at the group meetings that Mrs. Dan and Mrs. Cox said nothing to each other. I said that I was sorry to see that. Mrs. Dan said that she could see that the other members of "our group" must wonder about it but she'll be "damned" if she'll start anything with that woman during the meetings.

For a few moments, Mrs. Dan exploded about Mrs. Cox's "shacking up with that Carlson s.o.b." for years, "getting welfare all the time" and now finally marrying him and still getting AFDC because that "no-good, two-timing, lazy s.o.b." hasn't the brains to earn enough money to support that "filthy gang."

Mrs. Dan was out of breath and running down. Donna, appearing to ignore both the TV and her mother, had picked up a doll, wandered around the living room, and then gone upstairs. She was absent during most of the tirade.

Mrs. Dan lit a cigarette with a shaking hand and said that it was hell living right across the court from a "whore" like Mrs. Cox. "And right next door there's another one—everyone around always calls her 'fifty-cent Zakowski.' "

I said that I could see that she was so furious she could hardly light her cigarette, and I wondered if there might not be something else in this—something closer to home. Mrs. Dan shrugged and said that Mrs. Cox used to be her best friend until some weeks ago. I threw in

that she had said Mrs. Cox had been shacking up with this man for years. She nodded and said that she had heard Mrs. Cox "turned her in to the special investigative unit," and there was an investigation. Mrs. Dan said that "nobody could prove anything on me, though."

She talked rapidly for several minutes about how she would allow no man to stay overnight "because of the kids" and of how she had "turned in" Mrs. Cox to the special investigative unit and "got even." She looked angry for a moment, then sheepish. She wondered if that sounded childish. I asked her if she thought it was. She shrugged and said, "It's just that I get so damn mad!"

I asked Mrs. Dan if she had known Mrs. Cox's husband before the marriage. She blushed and said, "That drunken bastard." Then she nodded. She said she guessed that was part of the reason she was so "bugged" by Mrs. Cox. She got up for a drink of water. While her back was to me she said, "It hurts, you know." I said that I was sure that it did hurt. I said now that there is a marriage across the court, that must destroy all hope for the future for Mrs. Dan and her two children. She turned around and said that it was not so bad as all that—"I'll live." I added, "If only to get even?" She supposed she was thinking like that, but that when I said it, it didn't make much sense. She thought the group meetings would be a great opportunity to nail Mrs. Cox to the wall. The only thing was that Mrs. Cox "won't fight back," and she hated to get the other members of the group involved in her feud.

I said that is sounded as though Mrs. Dan were spoiling for a fight and no one would fight her. She shrugged. I wondered if it were not easier to try to fight everyone in the world than to try to look at why one is spoiling for a fight. She said that something like that came up at our meeting. She asked if I didn't think what she was saying was important.

I said that I thought it was very important—to her, to her children, and to the group. I asked why all this should be important to her, as a person. She said because it upsets her so, making her feel so damn worthless. I wondered if she really thought she was of no value. She laughed. She said we had spent our whole meeting on that subject last week. I wondered what Mrs. Dan got out of it. She said that everyone was talking about being somebody, worth something. I agreed, reminding her that when this was talked about in the group she was nodding in agreement, saying, in effect, that she believed she had worth in herself. I wondered if she really thought that or if she was just being agreeable. She said she believed it, "or I wouldn't be around now—it's easy to give up."

There was a pause. I said that a while ago, Mrs. Dan said that she wouldn't allow a man to stay overnight because "of the kids." I wondered if we didn't have to go further than that. I postulated that

if she believed she was worth something as a person, what did the kids have to do with shacking up? I asked about one-night stands—is a person saying about herself to herself, "Aren't you almost a fifty-cent Dan?" There was a long silence. I asked, "How about it?" "Once in a blue moon," she said. I waited. No comment.

"I should be a nun?" she asked. I asked if she thought that was what I was saying. She shook her head. Pause. She said she could see it had to do with the kids, too.

I brought in some conclusions made by the group as to the example—the connection between the parent and the child—recalling a statement or two made by Mrs. Dan at the meeting. She nodded. I recalled Mrs. Dan's fury when I first came today and said that her four-year-old really had a glimpse of what it is to be an adult. I said that this was one side of it. The other side is that "it's easy to give up." I said she obviously had not given up.

She said, "I think of my kids . . ." I waited, but she didn't go on. I suggested that she could take herself as an example of what we talked about in the group—the real strength that there is in a parent. The kids are together—a family. In spite of the low income on AFDC the house is clean and well-furnished, there is food and clothing, the boy gets to school on time. Any number of real, positive things happen. She said that I was saying it's good but it better get better. I shrugged and said that it could be better if she decided to work on it.

She said she liked the group and thought that it was a way to "talk about things like this."

As I left she whispered, "I still hate that bitch Cox." She shrugged and then laughed. She thanked me for coming and said she would see me at the group meeting.

Each group had to identify common problems and develop corporate, satisfying ways of coping with the group situation. This is a practice issue implicit in many formed groups, especially those within the semiauthoritarian setting of public assistance. Indeed, many public assistance groups have come together through testing the validity of the worker's insistence that the service is not compulsory. When it was found that there really was a choice, then the choice for the service, to be a part of the group, became real also and the impetus for movement in making use of the service.

An area which needs further development in helping the public assistance group evolve as a group is the use of programing. In traditional group work fashion, I mean by this all the kinds of activities, verbal and nonverbal, which take place and can be planned for and by a group to reach corporate and individual

goals. Here we can take help from current findings about the learning styles of low-income persons: "A pragmatic, concrete, personal, physical learning style appears to be characteristic of most low-income persons." [3] This, added to the difficulty that many clients have in being articulate about their feelings in a responsible way, should prove a challenge to the group worker since one of his main tools is programing. This record excerpt illustrates a simple but imaginative use of a visual aid with a group of AFDC clients:

I said that we were talking about children learning from parents, and how parents are an example. I asked the members to draw a square with crayon. I suggested that this square represented limits that a parent sets for a child. I gave some examples of limits and wondered if this seemed to be a reasonable picture. There were nods, and Mrs. Pray gave some more examples of limits, ranging from helping mother do the dishes to picking up clothes before going to bed. There were general nods about what limits were. I asked the group to put a dot in the center of the square, and said this dot was the child. We drew some arrows, suggesting how children try to test the parent and the limits and why. I asked why children keep up this "testing." Mrs. Arch said she didn't know why, but that they always seem to. There were numerous nods. I asked why they just don't obey without question. Mrs. Earlez said that she had been reading Dr. Spock, and she thought it had something to do with the fact that the parent should be consistent. I asked if she was saying that the child might be really finding out if the parent knows what she is doing, if she is consistent? There were a number of nods, and Mrs. Pray said that she could see that, and also that children would get into the habit of staying within limits—of "having to do certain things that the parent expects." She thought that this was important. I agreed that it was important, and certainly had a great deal to do with how a child is enabled to grow.

The following week, the worker picked up the idea in another way, providing continuity and building on shared experience:

We drew another square and again put a dot in the middle. I stated that now we were looking at the parents instead of a child. There was a silence. Several members put down their crayons.

Mrs. Earlez was shrugging her shoulders, and I asked her if she

[3] Catherine S. Chilman, "Child-rearing and Family Relationship Patterns of the Very Poor," *Welfare in Review*, III, No. 1 (1965), 9–19.

wanted to say something. She said this square was like what welfare says people on AFDC can and cannot do. I asked her what she meant. She said she meant things we had talked about before—men living in, drinking, "and like that." She said this was that square: "If you do any of those things, welfare falls down on you like a ton of bricks and investigates you and brings you to court."

I asked if it was welfare that demanded all these things—was it as simple as that?

Mrs. Clark said that she did not think we had to bring welfare into it—we just got through saying that children learn from parents; it does not matter how they learn, but the fact is that they do. She went on to say that if this square meant anything it meant a "safety zone," things that the parent is or should be. Mrs. Earlez thought that the square could be representing things that the parent does with the knowledge that the children will learn by example. I reviewed the statements that had been made, suggesting that the group was approaching the idea of limits imposed by the parent upon himself, not something just put on by the welfare or the law.

There were a couple of nods. I asked if the group remembered the lines we drew that moved out of the square. I said these were, in today's examples, things outside the limits, as the group had said—men living in, drinking, etc. Mrs. Earlez said quickly that parents put limits upon themselves because they should know that their children are learning by what the parents do. I agreed, and there were several nods.

Mrs. Burrows wondered if we were going to make a list of things that are right and are wrong, that should be inside or outside the box. Mrs. Earlez said she thought she knew perfectly well what was inside and what was outside this box. She said she thought everyone there knew pretty well what was inside and what was outside that box. There were some smiles, and agreement that we would not need a list.

Analyzing the use of group work in the public assistance setting, it seems to me that the "model" steers a midcourse between the treatment-focused group of Vinter and the group-directed model of Schwartz, taking from both but with additional goals and purpose. There is need for both the individual goals of the treatment group and the social development goals implicit in the experience a group has in being helped to develop a group life peculiar to itself.

For the trained group worker in public assistance all the issues

mentioned—use of the group as the major service in the setting, use of programing, balance of the group function—must be viewed in the context of the complexities of the public assistance program. There is need for much independent judgment on the part of the professional in terms of how to initiate and integrate group work into the program. Clients present so many needs that almost any effort will show some positive results. Thus, the primary question of where the use of group work will have the greatest impact includes many other questions relating to staffing, inservice training, and so on. While it is not strictly a practice problem, the fact remains that the administrative problems are so great that the group worker needs to be a functioning part of the public assistance agency if he is even in the capacity of consultant. In a number of instances, group workers have been hired by public assistance agencies with rather disastrous results as the agency was not ready for the introduction of group work, and the workers were not sufficiently knowledgeable and skillful to help the agency become ready for their use.

The results of the demonstration in the Baltimore department make me hopeful of the possibility that group work will come into its own in the public assistance program. While this use of group work is an issue in itself, already we are seeing both some of the problems and positive results. The continuity of the services of one worker, the socialization process of the group experience, the readiness to share in a group, are all evident. One of the major problems is that of timing, of establishing a rhythm for group and individual contacts. While his work load is no heavier than that of the caseworker, the social worker who uses both group and individual approaches experiences the stimulation-exhaustion cycle more frequently, with the impact of both upon himself. Whether this is a training phase cycle is not yet clear. Also, the use of both stirs up the clients to use resources within and outside the agency. While this is a hoped-for result with any method, the insistent demands of the group call for immediate action.

Psychologically, the group provides one of the experiences that

public assistance clients need most, that of giving. In the one-to-one relationship with the caseworker the client gives also, but what he gives, the caseworker takes to help the client; the worker does not need it for himself. In the group, clients give to one another. What they give, others need for themselves, and so the gift is often a free and unreturnable giving of the self.

Although I have alluded negatively to the slow movement in the acceptance of group work by public assistance agencies, this is no longer a major issue. The major issues have really moved into the setting itself, in terms of its specific contribution in serving clients, whether it is the major method of service or whether it augments other methods. In other words, group work is in the public assistance program to stay.

REVIEW OF THE LITERATURE

There is a growing body of literature on the use of group methods in public welfare social services. Most of it is concerned with the application of group methods in the direct services of the public welfare agency, that is, how the group methods are used in giving service to clients. Some guidelines have been formulated expressly for the purpose of integrating group methods into public welfare.

Chronologically, one of the first publications to appear was *The Use of Group Methods in Social Welfare Settings*,[4] edited by Gladys Ryland. This report of a summer institute held at the School of Social Work at Tulane University in 1957 includes the main working papers of the institute, group discussion reports, and conclusions of the participants. The general tenor is of a pioneering effort to point out needs within public welfare which can be met by using group methods. In 1959, a second institute resulted in a second report,[5] which included the use of group methods in casework in public welfare as well as in other settings.

[4] Gladys Ryland, ed., *The Use of Group Methods in the Social Welfare Setting* (New Orleans: Tulane University, 1958).

[5] Gladys Ryland, ed., *The Use of Group Methods in the Practice of Casework* (New Orleans: Tulane University, 1959).

The basic methodology of social group work is discussed in the earlier classic, *Social Group Work Practice*.[6]

Although it is reported that public welfare agencies in California had used groups some years previous to this,[7] it was in 1958 that Kermit Wiltse and colleagues began group counseling for mothers in the ANC program (Aid to Needy Children, California's equivalent of the AFDC program), as a pilot project in the San Francisco agency. Continuing in San Marin County, Wiltse's experience resulted in a number of publications on the use of group methods in public welfare.

Out of his long experience and concern with public welfare clients, Dr. Wiltse's development of the use of group methods in serving public assistance clients is brought out in a book and three teaching records based on his work in California [8] and on work done by public assistance workers under his direction in local public welfare agencies.

Wiltse's latest book,[9] co-edited with Norman Fenton, of the California Department of Corrections, describes a project in which public welfare workers observed group counseling sessions conducted in correctional settings. These sessions were called "group counseling"; the term was transferred to the public welfare setting as public welfare workers tried out with their own clients what they had observed in the correctional setting. Administrative approval and supervisory support and guidance had been built into the program, which was sponsored by the State Department of Social Welfare. Participation by agencies and individuals was voluntary.

In all the California material published on this subject careful attention is given to the factors involved in the use of group methods in public welfare for optimal use: selection of clients for

[6] Gertrude Wilson and Gladys Ryland, *Social Group Work Practice* (Boston: Houghton-Mifflin, 1949).

[7] Norman Fenton and Kermit T. Wiltse, eds., *Group Methods in the Public Welfare Program* (Palo Alto, Calif.: Pacific Books, 1963), p. 20.

[8] Kermit T. Wiltse and Justine Fixel, *The Use of Groups in Public Welfare* (Sacramento, Calif.: State of California, 1962); Wiltse and Fixel, *The Ferruli Case; the Benedict Case; Mothers' Groups: Aid to Needy Children* (Sacramento, Calif.: State of California, 1963).

[9] Fenton and Wiltse, *op. cit.*

group participation; structuring of group experiences; role of the worker; the use of groups to supplement individual services; and administrative policy and supervisory help needed to implement the program.

The one method of integrating group methods into ongoing agency program described by Wiltse in any detail involves the use of a staff study group. He suggests that the readiness of an agency to use group methods may be gauged through the voluntary participation of staff in a study group on group methods. This group would gradually experiment with groups in a limited way. The findings should stimulate wider interest in the agency. The study group members would then serve as consultants for others who wished to try group methods.

Wiltse differentiates among three different kinds of groupings. The first is the instructional or information group; the second, the counseling group; the third, group psychotherapy. Only the first two are used in the California projects. According to Wiltse, group psychotherapy is not for public welfare use, with regular workers as group leaders. The first two kinds of groups are conducted by social workers whose main method of giving service up to this time has been casework.

In the instructional or informational group for public assistance clients, material is presented on the use of groups in preintake with ANC clients, and with a group for ANC mothers as a preparation for employment. (In this category of groupings, the book contains a large number of examples from child welfare services.) An attempt is made to keep these groups purely informational. When questions and comments seem to be leading toward a give-and-take among group members, discussion is cut short to prevent group interaction.

In the group counseling category of groupings, the largest number of public assistance clients served was that of ANC mothers, although the counseling group was also used with a group of hard-core families, and with a group of general relief clients who were also alcoholics. In these groups, group process was fostered through discussions and activities related to the problems of the clients and the services of the agency.

Dr. Fenton states three basic requirements which must be met before group counseling can be introduced into a public welfare department—or anywhere else, for that matter:

Briefly, these are: first, that the top administration of an agency must appreciate and support the program; second, that it is imperative to have an adequate preparatory program of training for the future group leaders and that this be given before they are permitted to conduct groups; and, third, that there be assurance that some kind of continuous supervision will be provided thereafter.[10]

The terms "group work" and "group counseling" are used interchangeably by Fenton and Wiltse. The professional workers are referred to as "leaders," causing some confusion since the same term is also used in referring to natural or indigenous leadership from within the group membership. Wiltse uses the term "group methods" frequently, as does Richard T. VanMetre, Jr., the consultant for groups in the State Department of Social Welfare, who writes on the historical aspects of the state program. "Social group work," as such, is not used to define the method used. Wiltse leans heavily on small-group theory in explaining the objectives of the use of group methods in the public welfare programs [11] and to develop the logic for their use in the various services.

Chronologically, this writer's article in the *Journal of Social Work Process* appeared next.[12] This is mainly a description of the program begun in the Baltimore City Department of Public Welfare in 1958 and was presented as a paper at the University of Pennsylvania School of Social Work Colloquium in 1959. The article deals with the use of social group work in the public assistance program.

In 1962, a paper presented at a regional Child Welfare League of America conference by Murray Ortof was published in *Child Welfare*.[13] Building his thesis on the theory and practice of group work from other settings Dr. Ortof presents an application

[10] Ibid., p. 21.

[11] Wiltse and Fixel, *The Use of Groups in Public Welfare*, pp. 16–20.

[12] Louise P. Shoemaker, "The Use of the Social Group Work Method in Offering a More Comprehensive Service to Mothers Receiving ADC," *Journal of Social Work Process*, XI (1960), 97–105.

[13] Murray Ortof, "Group Services to Families Receiving ADC," *Child Welfare*, XLI (1962), 118–22.

of basic social group work theory to public assistance clients receiving ADC. His discussion covers the needs of public assistance clients which might be served by meeting in agency or community groups, the values to the agency and community in offering group services to these clients, and some of the results which might be anticipated from the use of groups for severely deprived individuals and families.

In 1962 the American Public Welfare Association (APWA) published in one volume [14] a number of papers which had been delivered at an APWA conference centered on group services in public welfare. Mary Lou Somers states some of the general principles of group method and their potential for use with public welfare clients. While public assistance is included, other services are emphasized. Child welfare and services to the aged are included. The material derives from a wide range of settings, not only public welfare. Basic principles are applied, however, in transferring knowledge and experience to the public welfare setting.

Betty L. Presley, Director of the Marin County Welfare Department, reported further on the California work in 1962. Her article [15] discusses a variety of services used in trying to give a comprehensive service to public welfare clients and includes a short description of the use of group methods in the public assistance program.

The State of California Department of Social Welfare issued a booklet in 1962 designed as a handbook for its counties.[16] In clear and simple form, this handbook outlines what group methods are and tells how to adapt them to county welfare programs, taking up forming and working with groups, county responsibility for administrative planning for the functioning of group methods, and specifics of function and responsibility of county welfare workers in working with client groups.

Although it does not go into great detail or give examples, the

[14] Mary Lou Somers, ed., *Potentials for Service through Group Work in Public Welfare* (Chicago: American Public Welfare Association, 1962).

[15] Betty L. Presley, "Improved Social Functioning through Public Welfare Services," *Social Casework*, XLIII (1962), 409–15.

[16] *Guide for the Use of Group Methods in County Welfare Departments* (Sacramento, Calif.: State Department of Social Welfare, 1962).

handbook cites in useful form the main factors a county welfare department would have to consider in planning and implementing a use of group methods. The eight pages devoted to this topic outline and discuss briefly the following points: county consideration of feasibility; plan of operation; costs; supervision; staff training; available resources; and administrative evaluation.[17]

The use of group methods, hence the use of the handbook, was optional at the time of publication. The county agencies are urged to use group methods on the basis of the values outlined to provide another means of helping clients, as a method for helping the agency understand clients and their problems better, and as a helpful experience for the client in accepting and understanding himself better. This handbook spells out concisely the basic considerations in beginning group services in public welfare. How useful it is without amplification through other materials or through personnel familiar with group services is difficult to determine. It does point out the need to secure help with group methods from outside the agency if such help is not available from staff members.

Social Work, in 1963, published an article [18] by this writer which is a general description of the use of group methods with public assistance clients in the ADC category. It does not, however, treat the problem of integrating group methods into the agency's ongoing program.

In 1964 the Bureau of Family Services of the Department of Health, Education, and Welfare brought out *Group Services in Public Welfare,*[19] a booklet by Harleigh Trecker. The first portion of Trecker's work describes social group work as a helping method, with the philosophy, principles, and purposes of social group work discussed and some of the needs which social group work can help most spelled out. There follows a description of some of the current services of public welfare which might adapt group methods to their use: public assistance, child welfare, and,

[17] *Ibid.,* pp. 19–26.

[18] Louise P. Shoemaker, "Social Group Work in the ADC Program," *Social Work,* VIII, No. 1 (1963) , 30–36.

[19] Harleigh Trecker, *Group Services in Public Welfare* (Washington, D.C.: Department of Health, Education, and Welfare, Bureau of Family Services, 1964) .

in addition, on-leave mental patients and physically handicapped adults. The role and activity of the worker with public welfare clients groups are only briefly sketched.

The chapter entitled, "Administrative Planning for Group Services," gives general guidelines for administrative planning and beginning use of group methods in public welfare agencies. Basic assumptions in regard to creating a climate in which the new method can be tried are made: administrative leadership, staff participation in planning, and clear channels of communication must be provided for. Trecker outlines ten steps for developing a group services program, from setting goals and objectives, through a review of caseload, a look to community services to include group services for public welfare clients, to the decision of the public welfare agency to begin its own program of groups for clients. When this decision has been made, administration must provide conditions that will make the use of group methods possible, such as supervision, training, physical setting, anticipation and handling of agency shifts due to the new method, and "continuous guidance, coordination, and evaluation of the service." [20]

Courtenay Bell and Harvey Kaplan report on a joint project of the public agency and a group-serving agency for a group of ADC mothers.[21]

Public Welfare, in 1964, published an article by Hans S. Falck [22] which describes a project with public welfare workers in institutional and guidance settings. Dr. Falck was consultant and trained the workers to use group methods with their clients. There is no mention of public assistance groups. The main emphasis is on the role of the consultant in training public welfare caseworkers to use group methods, and the training methods used.

An article in 1965 by Louise Youngman,[23] of the Baltimore City Department of Public Welfare, reflects that department's use

[20] *Ibid.*, p. 59.

[21] Courtenay W. Bell and Harvey L. Kaplan, "Public-voluntary Sponsorship of a Mothers' Group," *Social Casework,* XLV (1964) 21–25.

[22] Hans S. Falck, "Helping Caseworkers Use the Social Group Work Method," *Public Welfare,* XXII (1964), 125–30.

[23] Louise Youngman, "Social Group Work in the AFDC Program," *Public Welfare,* XXIII (1965), 25–31, 59–61.

of groups. Mrs. Youngman, a supervisor trained in casework, supervised professionally untrained workers as they continued with the group methods begun by a professionally trained social group worker. In a special AFDC unit supervised by Mrs. Youngman the five staff members were required to work with at least one client group in the two-and-a-half-year span of the unit. Later, Mrs. Youngman attended the University of Pennsylvania School of Social Work for the advanced curriculum year, specializing in group work, and some of the material recorded in the article is from that period.

Anita Faatz, reporting [24] for the Maryland State Department of Public Welfare, on the special ADC units of which Mrs. Youngman's was one, comments on the unit's work with client groups. Dr. Faatz is critical of the use of groups with AFDC clients, pointing out the possible dangers inherent in the clients' exposure of their intimate problems to their fellow clients and the reenforcement of their feelings of difference as public assistance clients that might result from their being in a group composed entirely of public assistance clients.

Dr. Faatz sees the worker as the crucial factor in the group situation; that is, if the worker is skillful, he can make use of the group situation to help, both through the use of the group and through the complementary use of casework. Dr. Faatz suggests that group services for public assistance clients might have a beneficial effect if such services were, along with some other services, available on a purely voluntary basis to all public assistance clients.[25]

The workshop of the Bureau of Family Services in April, 1965, discussed six background papers which were written for the workshop, as well as the experience of the participants, all of whom were from the public assistance field, as consultants to public welfare departments. "Group Services in Public Welfare Agencies" and "Cultural Characteristics and Conventional Roles of Some Public Welfare Clients and Their Workers" by Marjorie Montelius reflect her experience in the Bureau, which has brought her

[24] Anita Faatz, *Services to Families Receiving Aid to Dependent Children* (State Department of Public Welfare, Md., 1964).

[25] *Ibid.*, p. 92.

into contact with most of the state and local agencies currently using group methods to serve clients.

Betty Presley, director of a local agency, presented "Building Group Services into the Administrative Structure of the Public Welfare Agency." Her experience bore out her belief that agency administration must provide an adequate base in training, supervision, and administrative supports if social group work is to become an effective, ongoing method built into agency practice. Over some years, her agency has proceeded in a small but steady way to provide clients with group experiences.

"Integrating Group Services into an Ongoing Service Program," by Gertrude Conrad, discusses problems of developing and implementing a plan for the use of groups to serve public assistance clients. Inservice training, evaluation of the use of group methods, and the use of a group work consultant by the public welfare agency are presented for both public assistance and child welfare services. Mrs. Conrad developed materials for use in evaluation, and so on, which proved helpful in building the use of groups into agency practice.

John Barnwell spoke on "The Use of an Outside Specialist for the Development of Group Methods in Public Welfare," written out of his experience as a group work consultant to the San Diego Department of Public Welfare over a number of years. A continuation of his services is contemplated as a necessary part of integrating group work into the agency's practice. The shifts in the use of the consultant as the program was implemented through the use of groups are described in practice and projected into future planning.

This writer's paper, "The Significance of Group Services to Public Welfare Recipients," cites the special problems of the public assistance client which may be accessible in the client group situation. General benefits are touched on, but the emphasis is on those difficulties of communication, fear of authority, and misconceptions on the part of clients in relation to public assistance where group work may be of help.

These articles now appear in a booklet [26] which has proved

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[26] *Helping People in Groups* (Washington, D.C.: Department of Health, Education, and Welfare, Bureau of Family Service, 1965) .

most useful in working with public assistance staff in inservice training for the use of group work.

More recently, Marjorie Montelius's *Guidelines* [27] has been published by the Bureau of Family Services. These guidelines grew out of the consultation mentioned earlier. They are clear and fairly useful, but are disappointing in the sense that they do not carry through a major recommendation of a number of the group workers that group work be defined as a social work method and, as such, as one of *the* social work methods to be used in giving the social service of public assistance, along with casework and community organization. It stops short of this and describes "group services." It also lacks the authority the Bureau gives to guidelines for casework since it appears as a booklet rather than as official guidelines sent to the state departments, as official guidelines for casework and other services are issued.

John Barnwell in 1965 described his experience with groups in the public assistance program.[28] Two large groups of clients focused on family life education as part of the agency's attempt to sustain a helping relationship with client families. Two small counseling groups evolved from the larger groups, and it was felt that the clients who benefited from this effort favored predominantly middle-class values. While there is some clairty about the use of groups in terms of informal education and counseling, there is still some redundancy in the use of such terms as "counseling" and "group therapy." The work tends to substantiate further the use of groups for clients, however they may be defined, in important areas of social functioning and mental health.

Articles in *Public Welfare* give only a passing nod to group work, other than those already mentioned. Dr. Ellen Winston's contributions generally mention group services when desirable innovations are listed. Alice R. McCabe, suggests in that journal, in 1966,[29] that "group intervention rather than a one-to-one ap-

[27] Marjorie Montelius, *Working with Groups: a Guide for Administration of Group Services in Public Welfare* (Washington, D.C.: Department of Health, Education, and Welfare, Bureau of Family Services, 1966).

[28] John Barnwell, "Group Methods in Public Welfare," *International Journal of Group Psychotherapy*, XV (1965), 446–63.

[29] Alice R. McCabe, "Re: Forty Forgotten Families," *Public Welfare*, XXIV (1966), 159–71.

proach, is more likely to improve functioning" in AFDC families.

In summary, the available literature is primarily descriptive. It indicates an interest on the part of practitioners, editors of journals, and the Bureau of Family Services and some state departments of welfare in the use of groups to serve clients. As we have noted, however, the use is not always very clear and the conviction is not very consistent.

Group Work with Urban Rejects in a Slum Hotel `

by JOAN SHAPIRO

FIRST EXPERIENCES are unique. We approach them anxiously, curiously, yet may come away with a sense of sudden, intense awareness and a fresh synthesis of observations. We have had such an experience in our hospital.

Our project reflects one facet of the work of the Community Psychiatry Division of St. Luke's Hospital Center in New York City which seeks to affect, in ways other than by direct psychiatric service, the mental health of the community. Besides offering consultation and training to service agencies and institutions in the community, the division attempts to locate underserviced populations, to develop methods of reaching and serving them, and to focus public and professional concern so that appropriate social planning may be achieved.

In New York City, hundreds of slum hotels known as single-room occupancy buildings (SRO's) provide one-room housing for single, destitute, and sick people. The more dilapidated of them constitute the only shelter available to many of the city's rejects: the alcoholics, addicts, aged, crippled, the chronically ill, the mentally ill, and jobless migrants from rural areas—all people who have difficulty caring for themselves in urban society. Most are not sufficiently sick or socially disturbed to be in hospitals, nursing homes, or prison, nor well enough to use traditional services effectively.

While many SRO's are well-managed and blend into their immediate neighborhoods, others show marked physical deterioration and are conspicuous for the antisocial behavior of their ten-

ants. In the recent past, such buildings have caused neighborhood blight, which resulted in community action to close them. The tenants were then scattered to other SRO's, and an endless, costly, and heartbreaking pattern emerged in which each neighborhood successively tried to sweep away its undesirables.

In 1963 an SRO interagency demonstration project, in which we were part of a team, revealed a shocking picture of chronic physical and mental illness, loneliness, and deprivation.[1] (Major cosponsors were the Department of Welfare, the Neighborhood Conservation Bureau, and St. Luke's Hospital. These agencies as well as Roosevelt Hospital and the Community Service Society are currently sponsoring similar projects.) Tenants in the demonstration buildings seldom sought the help of hospitals, the police, or other resources. The only agency that was consistently and widely used by them was the Department of Welfare. In 1964, we began a second SRO project, using only one staff worker. As that worker, of necessity I was forced to use whatever help I could find among the tenants themselves. This situation brought a new and unexpected perception into focus: the tenants were not, by and large, transient, reclusive, or rootless; on the contrary, socially the building resembled more a closely knit, isolated, poverty-stricken village than a rotting six-story building in metropolitan New York. Within the tenant group itself existed substantial resources which could be mobilized, provided the worker's efforts were in harmony with adaptive and healthy aspects of the complex social structure already present in the building.[2]

Since that time, four additional projects in SRO's have been undertaken by social workers from St. Luke's Hospital, several of them group work students, each working two days per week alone in a single building. They worked with groups and individuals, with welfare workers, with referral agencies, and with people living in the neighboring community. The five buildings varied in size, population composition, and management policy. Although the workers, all women, differed in personality and used different

[1] New York City Housing and Redevelopment Board, "World of 207" (1966); mimeographed).

[2] Joan Shapiro, "SRO; Community of the Alone," *Social Work*, XI, No. 4 (1966), 24–33.

styles of intervention, their experiences have been strikingly similar. The basic framework for intervention rests upon the decision not to work primarily with the individual tenant as such, but with the residents of each building as a total community. The short-range results were surprising and, we think, especially promising.

Many streams of knowledge and experience have influenced our approach to the SRO as a self-help community. Among them is applied anthropology,[3] with its combined goals of preserving the ethos of a particular people while helping to alter those patterns which endanger survival in a rapidly changing world. A second is the sociology of the American class structure,[4] which helped to clarify the values and norms of the SRO clients and workers respectively. A third is milieu therapy,[5] in which the patient becomes part of the therapeutic team on behalf of his own and others' treatment. Its more specific extension in group work practiced in the psychiatric hospital applies group work skills to a mentally ill population by working primarily to improve their ego strength in dealing with reality problems.[6]

The fourth and most closely analogous model is the socialization of the street gang by the "detached" group worker.[7] The New York City Youth Board pioneered in this field.[8] The worker, alone and detached physically from his agency, offers only himself, his personality, integrity, and skill. Problems of initial contact, of establishing rapport, of value conflicts, of structuring his role, and, finally, of using his relationship with the gang to change socially destructive and self-destructive behavior, have

[3] Robert Redfield, *A Village That Chose Progress* (Chicago: University of Chicago Press, 1950).

[4] August B. Hollingshead and Frederick C. Redlich, *Social Class and Mental Illness* (New York: Wiley, 1958); Genevieve Knupfer, "Portrait of the Underdog," in R. Bendix and S. Lipset, *Class, Status and Power* (Glencoe: Free Press, 1953), pp. 255–63.

[5] Robert Rapoport, *Community as Doctor* (London: Tavistock Publications, 1959).

[6] Saul Scheidlinger, "Social Group Work and Group Psychotherapy," *Social Work*, I, No. 3 (1956), 36–42.

[7] J. P. Feldstiner, *Detached Work* (Toronto: University of Toronto Press, 1965); Lewis Yablonsky, *The Violent Gang* (New York: Macmillan, 1962).

[8] New York City Youth Board, *Reaching the Fighting Gang* (New York: The Youth Board, 1960).

many parallels to work in the SRO's. The worker's task is the same, to influence the behavior of an already formed group on the group's—not the worker's—home territory.

Structurally, the SRO's are tenements with a central core elevator shaft and corridors extending out on each floor. Off each corridor are from six to eight rooms with a community kitchen and shared bathroom. The halls and stairs are dark and often smell of garbage and urine. Roaches overrun the walls, doors, and ceilings. The managers furnish each small room with a bed, bureau, and chair. Weekly rentals average fifteen dollars.

The policies of the managers are crucial in determining physical conditions in the SRO's; they are also pivotal in determining social conditions. Some managers extend protection to tenants by means of a front-door lock and a night watchman; some protect tenants by extending loans, reading and explaining their mail to them, helping with their personal crises, and mediating with the police, hospitals, and the Department of Welfare. And some exploit them financially and emotionally.

In "wide-open" buildings, no prospective tenant is refused, and internal order in the building is unenforced. In these buildings, mutual cooperation may evolve between manager and tenants in carrying on illegal activities, such as selling wine to alcoholics at a high price, conducting two-for-one credit operations, pushing narcotics, allowing "shooting galleries" for addicts, and permitting prostitution. Indeed, the tenants depend on the manager to help to keep these activities from being flagrantly visible to the outside world. The five SRO's in which projects are taking place are moderately "wide-open" buildings.

The populations of the five buildings are similar: most tenants are forty years of age and older; the men outnumber the women two to one; there is a mixture of whites, Negroes, and Puerto Ricans. A small majority are Negroes from the rural South. At least three quarters of the tenants have major chronic diseases or disabilities, such as tuberculosis, heart conditions, diabetes, cirrhosis of the liver, and blindness. Superimposed social and mental problems are conspicuous. In some buildings, well over half the tenants are alcoholics. The majority are welfare recipients, and most

of the others are only sporadically employed. The most frequent sources of referral into these buildings are hospitals, mental institutions, prisons, and the Department of Welfare. There is often no alternative housing. The tenants are not conspicuously transient, and those who do leave usually move within the neighborhood from one SRO to another or go to hospitals or prisons.

The residents tend to stay within a two-block radius of their buildings, many spending days on end, some even years, without going any farther. Some do not know how to use the bus or subway system and feel incapable of traveling alone to distant parts of the city. A trip to a clinic might be a major, anxiety-provoking event. These people are well aware of the strongly negative attitude of the surrounding neighborhood toward their building. They also perceive depersonalizing or hostile attitudes on the part of institutions of all kinds. Their response tends to be one of passive watchfulness, masking anger and fear. Most SRO tenants do not vote nor do they belong to voluntary groups, such as churches and clubs. Ties to a primary family tend to be absent or tenuous. These limited social experiences reinforce their tendencies toward self-isolation.

However, the lives of all but a few of the tenants are actively intertwined, a finding which sharply contradicts the stereotype of the single, unattached individual as reclusive. A recurrent pattern of relationships is the well-defined matriarchal quasi family. The dominant women tend to feed, protect, punish, and set norms for "family" members. These families sometimes share meals, and the room of the mothering person is the hub of continuous social activity.

This produces an informal system of mutual help. For example, one older woman, a welfare recipient, considers it her task to care for certain bedridden residents in her SRO. She cleans, cooks for, and feeds them on a fairly regular basis, for which she receives no compensation other than status. A young man who has a substantial supply of tranquilizers does not use these drugs himself; instead, he dispenses them, one by one, to people in trouble who come to talk to him. A strong former boxer is called upon to stop dangerous fights. A woman who looks after seven alcoholic

men keeps a jar of cigarette butts, collected for anyone who needs them.

Passivity, enforced by debilitating disease, malnutrition, and severely limited life choices, creates a vacuum in which sporadic arguments, binges, and violence are sources of external excitement. The passage of time is rhythmically marked in two-week cycles by "check days." When a person's welfare check arrives, the manager cashes it, withholds the rent and money owed to him, and gives the balance to the tenant. Check day means binges for some, a meal for others, preying, extorting, or "rolling" for the petty racketeers. Over the remaining thirteen days, tenants eke out an existence with an average of nineteen dollars for food for one person. Things are at a low ebb on the last day, when most are broke and hungry.

Thus the SRO is a ghetto with a scarcity economy. Into it the group workers brought events, excitement, satisfaction, and stress; they also brought demands for cooperative behavior, as well as for conformity to changing group norms.

Tenant-worker interaction.—The emotional journey of each worker into her building and into the lives of its tenants proceeded from distance to intimacy, and from focus on the self to focus on the tenants and the task. This journey had two phases. The first was that of the initial encounter, a two- to six-week period, which ended when the worker and key leaders in the SRO, had developed sufficient trust to work together in planning a program fitted to the tenants' needs. In the second phase, the existing system of mutual aid was shifted and expanded to include recreation, control of antisocial behavior, and a reaching for medical and social services. Some common problems for all five workers in this phase were ambivalence about dependence and self-reliance of tenants, control and leadership, and value conflicts.

Initial encounters.—The moment of entry into the SRO system was a professional and personal identity crisis for the workers. Each was aware that these people, over many years, have been given up as patients and clients because of their "lack of motivation," irresponsibility, and erratic behavior. Also bedeviling each worker was a fear of violence (which had some basis in reality),

specifically, the fear of being the victim of sexual attack. Entirely alone, in a setting in which professional values, traditions, and customary role performances had no apparent ready application, the worker felt that even methods and goals of intervention were vague. Formidable questions about her role and the task confronted her. Could such isolated individuals relate sufficiently to create a viable group? How much, if any, casework should be attempted with individuals? Was the manager or the Department of Welfare a client? Should the primary target of his efforts be the community groups who wanted the building closed? Was she to be a group worker, a community organizer, an educator, a generic mental health worker, a sociologist, a foster mother, a consultant? Each worker responded in her unique way to the stress and ambiguity.

Overoptimism, denial, and intellectualization were means to overcoming unmanageable anxiety. Each was used as a delaying action to help the workers to master fears and move closer to their clients. One student worker postponed going to the building, then arranged to be accompanied; when there, she spoke only to the landlord, and left. It took several weeks of this kind of skirmish before she was able to notice the tenants in the lobby and to individualize them. Then, at the first large tenant gathering arranged by the worker and several tenants, the following occurred:

He [a gentle and philosophical ex-addict] took care of me for the rest of the evening, making sure I met people, correcting my way of reacting, pointing out my fears, and reassuring me that they were groundless. After his few comments, I felt much more at ease even with one of the alcoholics who was high. I attempted to speak to as many people as possible, usually sticking to the topic of establishing a recreation room. I began to feel at ease enough to make a few jokes with them. I was walked out of the maze of corridors down the dark stairs to the bus by another tenant.

My own fear was reflected in vacillation about whether or not to take my purse on the first visit. I decided to take it, a gesture carefully rationalized as being respectful of the tenants and of myself. I later learned that the fact that I brought it was widely

and carefully noted by the tenants I met that day. Reviewing the incident, I now feel that my decision was partly counterphobic, an exaggerated personal statement of optimism and trust that I did not wholeheartedly feel, but which, had I but known it, was justified.

In one project, the worker found herself profoundly impressed by the initial welcome which the tenants extended to her in her first two visits. Her "noble savage" image of them—"they expressed their affection so freely"—was only later balanced by a perception of the amount of pathology, pain, hunger, and fear visible in the building.

Mutual support and teaching.—As the workers became aware of the vitality of a social system which they had not expected to find, they were required to fit their initial expectations and goals in with the expectations and goals of the tenant group. Tenant leaders seemed to teach workers to do this and to protect them as they learned, a process which became mutual as the workers became more comfortable. Usually the worker developed a close relationship to one or more tenant leaders. This alliance was achieved early, as the leaders usually sought out the worker. The leader was invariably sensitive to the worker's anxiety and dilemma, and made it possible for her to begin to delineate a helpful role:

It was my first visit to an SRO. I kept mouthing all the comforting phrases which I had heard at the office: They're just people . . . the murders, face slashings, have all been calmed down. Et cetera. I had never seen an addict in my life; would he know what I was thinking? I politely entered the room and extended my hand to everyone who came up to me. One man, large and disfigured, squeezed my hand hard; he would not let go. I guess my face showed a flash of panic and I tried to jerk my hand away. Another tenant, seeing my need, came over and whispered to me, "You just gently ease your hand away and talk to him." It worked.

And again, in another building:

I was talking to Robert [a leader] when Johnny staggered into the gathering, very drunk. He headed for the couch, flung his arms around one of the tenants. She slipped away, and he remained where he was, too drunk to get up. I was afraid, never having talked to any-

one so intoxicated. However, I thought I had better talk to him. He was leaning over toward me as though he was going to fall over or maybe kiss me. He began to talk about how no one in this world was left, how his parents had died young, how he was raised by a woman as white as I, who called him "Son." Then he began to cry. He started to apologize. I said it was all right, sometimes one just had to cry. Robert came over with a napkin and wiped his eyes. I had the feeling that Robert was watching to see that everything was going all right for me. I brought Johnny something to eat, and he seemed to feel better. I began to relax too, and Robert brought my plate as I kept sitting with Johnny.

In another instance, a tenant leader told me angrily once, "Don't go by the social workers' book with us!" Her sensitivity to emotional dishonesty and mechanical interventions encouraged me to develop a style of helping that could be trusted by the group. This style included touching, hugging, physical nearness, mutual sharing of cigarettes, the giving and accepting of food, and visible, direct, immediate emotional responsiveness—attention, delight, annoyance, boredom, anxiety, admiration, and affection. In fact, what often appeared to be a sexual approach by male tenants was bravado, a thinly disguised hunger for closeness and dependency.

The leaders also taught the workers to understand the inner life of the building:

About eight people and I were sitting and talking in Sugar's room. Everyone chimed in about the addict who had died. They had all known him; he came around for food when he was hungry. They didn't have much, but if someone was hungry, they shared. I said I'd learned this about them and was impressed with their ways of helping each other. The talk about the man dying continued, and I said it was frightening to think about someone dying and not being discovered; that there must be the worry that it might happen to them. Betty said that this was exactly it; she hadn't been able to sleep all night after she heard. This is why they look in on each other so much.

The worker came to know the tenants and understand their most pressing life needs, which were in appallingly short supply. Food, alcohol, money, cigarettes, a "fix," physical care and protection, and the relationships which helped provide these, were highly valued and especially meaningful. Those innovations in

the projects which dovetailed with these life needs were quite successfully utilized by the tenants; those which had no relevance to their needs were simply ignored.

Food therefore became a key vehicle for group organization. Through meetings to plan and cook and serve dinners for the entire building, to hold parties, or have *Kaffee-klatsches,* new friendships were formed and responsibilities spread to many tenants. For example:

Mama had to carry a lot of the work of cooking, and I asked who was going to help clean up. She hadn't thought this far. Champ volunteered, and Mama thought she would find some others. I said that I wished she wouldn't have to do so much next time. Mama was "pooped" and agreed. Together, we picked out some likely people who might be able to try a small part of the next cooking job.

From this, it was generally a smooth step to discussions of complex issues, such as the uses of emergency funds, or systematic help by tenants to help each other carry out medical and other referrals for treatment and rehabilitation. Meetings were held weekly for all tenants who would come, and their regularity also came to provide some a sense of predictability, security, and identity for the group.

Dependence and self-reliance.—The workers sought to find that delicate balance point between protecting and enabling, between focusing on the pathology or on the strengths, between expecting or encouraging too little or too much behavioral change. The majority of tenants in each project became deeply involved with their worker. The tenants were curious about her as a person, were highly observant about her values, strengths, and anxieties, and became alternately jealous, competitive, seductive, helpless, and manipulative, and, above all, eager to please her. To accept and work with this emotional attachment was a continuous and difficult process. There was a tendency on the workers' part to deny its existence at first. When one worker went away at Christmas time, there was simultaneously an outbreak of drinking and fighting; the connection between the two events was not recognized by the worker until tenants pointed it out.

We carried forward bravely the notion that our task was to

leave behind a functioning, self-reliant group, and that the group could realistically judge the limits of its own activity. The romanticism and even absurdity of these expectations were at times forcefully demonstrated. The key to the group's initial capacity to carry out unfamiliar responsibilities was the strength of their relationship to the worker. Only later could they function in more formal groups and activities when she was absent. For instance, in the planning of one dinner party where the worker's avowed intention was noninvolvement, those who volunteered to take on responsibilities, almost to a man, went on a binge. A group shopping trip for clothes downtown, too, proved to be a disaster, much to another worker's dismay. Much of the money went into bottles, and some tenants did not turn up until the next day.

On the other hand, overprotection was also a common error. For example, I thought that an initial dinner, planned, cooked, and served by tenants for the entire building, might demand more capacity for organization than could be expected of the group at that time. However, I said nothing, and the tenants went ahead with it. While tempers and confusion ran high, the dinner materialized, with my support but without the necessity for my active participation. In another situation, I had unspoken qualms about a spiked punch party. Their awareness of my ambivalence was neatly summarized during the meeting with the remark, "Don't worry! We can manage it." And they did. These parties were held, as a rule, with great enjoyment and appropriate restraint.

The workers struggled both to give of themselves consistently and generously to an orally deprived, profoundly dependent population, and to seek out and support impulses of individuals to take up again the interrupted process of growth toward independence and autonomous achievement. Early signs of initiative, task persistence and completion, work satisfaction, and the healthy expression of anger were encouraged by the workers. Active mastery and exercise of choice, even if it were merely to resist an impulse to flee a forbidding intake clerk, or to press one's welfare investigator about the needed winter coat, were warmly praised and supported—at first by workers, then by the group.

Gradually, such efforts of individuals became recognized as a new social norm. Clinic visits, neatness, or volunteering for a heavier responsibility were announced and acclaimed in meetings.

Control and leadership.—The worker's expectation of reasonable behavior in the group seemed to help limit individuals who might get out of control, whether these were "high" alcoholics or severely disturbed people. Early in the development of formal group meetings, individuals would impose controls on one another in an effort to make a more favorable impression on the worker. Later, the group itself was genuinely irritated by disruptive behavior, and gradually norms of propriety were adopted and enforced throughout the building. The most obvious indicator of change in the project buildings was a decrease in visible drunkenness, midnight brawls, bottles thrown out of windows, and police visits; this attests to the tenants' susceptibility to influence, containment, and order. The norm of "good" behavior was accepted to such a degree in one building that, although the tenants openly discussed the need of the addicts to snatch purses, they formally requested them to do this at least ten blocks away, so as not to give the building a bad name.

Since workers wanted to increase participation and extend responsibility, they had to help the leaders relinquish some of their customary control, which was usually absolute and undisputed, while simultaneously developing new and larger areas of involvement with them. For example, as tenants decided to have the lounge open longer, one leader resisted by refusing to give the key to anyone. As the worker and leader discussed the issue, the leader began to share the worker's goals, and the key was cheerfully relinquished. Both worker and leader were proud of a senile woman's first visit to the lounge, and of the willingness of a frightened, isolated girl to shop for flowers for Christmas dinner decorations. The leader began to see her role as enabling others to grow. She then moved on to represent the building in the larger community, dealing with a block association and even with the hospital.

In another project building, the worker reported the following conversation with a leader, after the group had voted that deci-

sions about the use of an emergency carfare fund should be based upon the opinions of more tenants than just the leader alone. Here the worker was attempting to deal with the leader's anger, while supporting a new role for her:

I said that I felt she'd been sore at me because I was pleased at the group's decision to handle carfare in a new way. She said she was just as glad because she didn't have to worry about all the problems; she could just say she didn't have anything to do with it. I wondered if she couldn't help them learn how to do this better, rather than washing her hands of it. She looked at me, then nodded slowly. I said that at the same time she would be able to try new things, like the clinic committee we had talked about. With a shy smile she said she had already gotten some people together for this and she hoped I didn't mind.

In the following example, the worker helped the whole group move from apathy to reasonable action:

At a weekly meeting, several months in operation, the tenant chairman said matter-of-factly that the manager was angry with tenants for drinking in the lobby and was going to close the recreation room. This was met with complete silence. Then someone said quietly, "I knew it couldn't last." Another said, "He always has it in for us, anyway." A discouraged and defeated discussion ensued. The worker asked just what had happened. It then became clear that it was a threat made by the manager in a moment of anger to one tenant. The worker then helped the tenants to recognize their apathetic and unquestioning attitude. Anger toward the manager and possessiveness about the room then rose to the surface, and after this had drained off, discussions with the manager were decided upon.

Value conflicts.—Learning about minor illegalities, understanding their function for the tenants, and dealing with the ethical and professional issues they raised was a troublesome experience for the workers. There was the residents' ever present need for alcohol, heroin, or bootlegged psychiatric drugs. The workers were forced to examine their own attitudes about this, as well as about illegitimacy, prostitution, and fickle sexual liaisons.

One worker was carefully tested about her attitude toward drinking. At first, bottles were invisible. Then tenants would hide the bottles, but would confess to having been drinking. The worker, disguising her ambivalence, reported as follows:

October. Sugar said she wanted a drink before she went, asking me could she have one. I said, "Of course," but as she poured, Mug said angrily, "You should have a little respect!"

November. George said he was going to spike the punch for the dinner. Sugar said he had to ask me. I said they could keep asking me, but I'd answer by asking them what did *they* think. They said they were over twenty-one and wanted it spiked.

February. George, Sugar, Phil, Lenny, and Mug were drinking wine, and Phil asked if I wanted some. (First time they'd offered!) I said, "Just a little, I don't want to fall asleep on you." Phil poured me a huge glass, and I said, "Well, thank you, but we'll have to see if I finish it." Lenny said, "You know, you're really a nice person," but Mug said he didn't want to see me drinking this stuff. I said, "You saw me drink at parties. Why is this different?" He said he didn't mind if I drank gin or vodka or even good wine, but this stuff was no good; they drank it because they had to. I said that I certainly didn't want to offend him, and if it bothered him, I wouldn't do it again, but I did want them to know that I felt their sharing of wine was a close and warm time and I didn't look down on it.

The workers found that middle-class concepts, such as postponement of immediate satisfaction for long-range goals, control of physical aggression, rationality in decision-making, planning and time use, and respect for property and privacy were unfamiliar to tenants and in total opposition to their life experience. Acceptance of some of these values accompanied successful group experience and identification with the workers. The core group of leaders seemed to show the greatest change in adopting these values as their own.

Because of the newness of the programs, only some generalizations can be made about the more obvious short-term effects of these interventions. The amount of noise and nuisance perceived by the neighboring community was drastically reduced in every instance. Arrest rates and police calls became infrequent but did not disappear. The morale of many tenants seemed higher, as was evidenced by improved personal appearance, better care of rooms, extended social relationships, greater protectiveness toward one another. Check day, a customary time for acting out, became indistinguishable from other days.

Rehabilitation aspects of the programs involved many tenants

in satisfactory social, psychiatric, and medical referrals. In several buildings, nearly half the population became patients or clients successfully in new referrals. While medical referrals accounted for a large majority, psychiatric referrals became common. However, no tenant was able to accept referral to Alcoholics Anonymous, and no alcoholic went on the wagon.

Much of the planning, encouraging, and handholding needed for clinic visits was provided by other tenants on a regular basis; some of them became highly adept at steering their "patients" through the intricacies of obtaining full service from a large hospital. A simplified routing to the hospital for detoxification was established for addicts and was often used.

Although each building developed its own formal leadership, thus far no building has been able to conduct its own program entirely without some intermittent help from the worker. In two buildings where students were placed, program activities ceased when their field placements were over; however, there was no conspicuous relapse to notoriety in these SRO's. Thus, it would appear that such buildings need some form of permanent generic social work services, if only on an *ad hoc* basis.

Some indigenous leaders became highly skilled in group management, were comfortable in dealing with the larger community, and served as a source of helpful referral for the wider tenant group. As this shift took place, they became busy and important people, and their own symptomatology decreased. Those who were alcoholics tended to drink less; two of the addicts stayed free of drugs for many months.

Three of these leaders are now paid staff workers in new project buildings. Imitation of the former worker's style and strategies is apparent in their work: they reproduced the problems of the social worker, such as exaggerated fear of contact in the initial phase and competition with indigenous leaders. They have also been able to stimulate similar programs and effects.

The data suggest that the SRO population constitutes a delinquent subculture with a self-assigned identity, and with mores and predictable norms unique to it; the style of living forms a recognizable pattern in one SRO after another. The profound alienation from the majority culture produces a ghetto in which

sporadic violence makes visible the pain and rage of an otherwise forgotten population.

To understand the nature of antisocial behavior in or near SRO's, one must distinguish two types. The first has an economic function, designed to maintain income or a habit of alcohol or drugs. The violence takes the form of mugging, purse-snatching, and theft, with its victims usually the middle-class population, and only occasionally another SRO dweller. The second type of antisocial behavior seems to be an expression of pent-up emotions, damned behind a wall of loneliness, boredom, hunger, and frustration. This is enacted within the buildings in the form of fist fights, knife slashings, brawls, throwing bottles out windows, binges, and retreats into psychotic episodes.

The rhythm of life is no different for this group than for any other idle lower-class group where a flat psychosocial landscape is punctuated by seeking or creating excitement and thrills. A few individuals in the SRO population, those whose impulse control is the poorest, become conspicuous in the community and give the whole building a reputation for disturbance. The remaining majority experience the uproar vicariously. These two forms of violence, having different causes and involving different personality types, call for differential solutions. Focus on the violence, however important to the community, must be viewed only as a symptom of intense suffering. The surrounding community, in its reaction to this disruption, isolates the building and polarizes the negative identity of the tenant group further.

The presence of a subculture does not imply that a highly organized group is thereby formed. The SRO social structure can be more accurately described as a "near group," with a flexible, floating membership and many unrelated marginals. The projects attempt a structural shift from a series of interlocking near groups toward a task- and pleasure-oriented formal group. The goal is to move the population toward the adoption of that behavior which increases their potential for survival. Thus the intervention attacks directly the roots of the alienation by generating hope, gratifying urgent needs, increasing physical security, reducing hunger, and creating a sense of group relatedness. For many tenants, the goal is a strengthening of in-group ties. For

some, the goal may be detachment from the group, a loosening of the pathological bonds which prevent the individual from joining fully into the larger society. For others, the goal may be temporary or permanent separation from the group in the form of hospitalization or institutionalization.

However, I hope it is clear that the work attempted in these buildings is, at best, a band-aid on a massive sore. The ultimate treatment must be directed toward the causes of social disequilibrium in the city which produce abandoned, sick, and frightened people with regularity and in great number. The human suffering and neglect which are encapsulated within these buildings are so gross as to be incredible, overwhelming, and painful to accept as a social reality in the United States in 1967. The SRO population is very nearly invisible to a large segment of the helping professions. It is a family portrait of our major failures in understanding and skill as helpers, healers, and social engineers. A vivid picture emerges of inadequate medical and psychiatric care and knowledge, antiquated housing regulations, punitive welfare legislation, and depersonalization and rejection by our society of its least adequate members.

SRO's can also be viewed positively, as laboratories where we renew our faith and optimism about the related, loving, and helping qualities inherent in deprived and damaged human beings.

There are many myths attached to this population; it is said to be unreachable, untreatable, and unreasearchable. In our initial encounters, we have found this not to be so. The population appears to be a cluster of alienated and sick individuals bound into a subculture which has the latent capacity to move toward socialization through group process. Social workers, using themselves generically to work with the total building as a system, seem to have been effective in producing a therapeutic change within it.

We need now to ask: What, in the specific relationship to the worker or in the program content, stimulated this change? What additional skills, personnel, or content would enable greater movement? What application does this generic on-site method have to other isolated groups?

Family Life Education for High-Risk Young Families

by JANET S. BROWN

As of 1965 the most common means of disseminating family life information to low-income expectant mothers was that provided by the city hospitals in prenatal clinic waiting rooms. Educational posters decorate the walls, but exhibits were infrequently changed. Under less than perfect teaching conditions nurses distribute mimeographed bilingual sheets of information on nutrition during pregnancy, signs of onset of labor, general care of the person during pregnancy. The invitation, "Any questions?" during or at the end of a two-language presentation rarely raises one, certainly none which might expose the asker's fear or ignorance. Some municipal hospitals offer mothers' classes, sometimes called "clubs," but since attendance is optional, registration is just a fraction of the patient population. It would be safe to say that prenatal education in New York City hospitals is uneven and inadequate.

The Family Life Education Committee of the Community Service Society of New York (CSS) decided to undertake an inquiry of feasibility on behalf of a group in the family structure heretofore not clearly identified, and consequently not served according to their special needs—high-risk young families.

In a society notable for its proliferation of organizations to serve all levels and interests of the population, the teen-age married couple population not only lacked a representative organization but was not easily visible. The schools lost track of girls once they married or became pregnant; married male students rarely

confided in guidance counselors. (Recent developments in New York City in regard to allowing pregnant teen-age students to continue their education may ultimately improve this source of contact.) The churches lacked a ready niche for young couples since they were no longer classed with the single adolescents or the single young adults, and yet they were not ready for adult activities.

Community centers reported knowing that they existed as a group because, as a program director at a center in a housing project in South Jamaica, New York, put it, "One day we realize that they are missing, and sooner or later we see them pushing carriages."

The prenatal clinics of the city hospitals were identified as the best source of potential contacts. With the cooperation of the Commissioner of Health and permission of the Commissioner of Hospitals, the assistance of three city hospitals and one health center in three different boroughs was requested in keeping records for February, 1965, in order to determine the incidence in the patient population of girls twenty years of age or under, married or living in a stable, nonlegalized union, and expecting a first child. During this month continuing and separate inquiries by CSS showed that Lincoln Hospital, functioning in a building built in 1898, and serving a deprived area in the South Bronx, had an average of sixty-five patients a month in this category.

Beyond the statistics was the fact that there experimental group programs were being set up for out-of-wedlock girls, patients with housing or financial problems, and women in the wards awaiting surgery in the obstetrical and gynecology service. The social service department of the prenatal clinic was anxious to extend service to the new family population. The hospital serves an area relatively small geographically but one with a population of 350,000 largely Puerto Rican and Negro, which has a long list of needs and a short list of resources. Expansion of hospital clinic service was being proposed at that time in a neighborhood maternity center.

When records were received from Jacobi Hospital, City Hospital at Elmhurst, Sydenham Hospital, and the District Health

Center in Jamaica it was apparent that Lincoln Hospital served the highest number of young families. An arrangement was made for the hospital to furnish lists of potential group members.

In March of 1965 a suggestion for a demonstration in expectant parent education for young couples was accepted by the Family Life Education Committee. The over-all purpose of the project was to determine the effectiveness of the group discussion method in the promotion of sound relationships in young families by providing family life education beginning with the prenatal period preceding the birth of the first child.

The program was visualized as an informal, consecutive six-week course held during early evening hours at central locations which might be familiar and acceptable in the social milieu of the participants. Assuming at least a modicum of success, the informal proposal went on to suggest that, based on experience, the group meetings would be repeated with variations in leadership, settings, length of course, content.

In the initial phase the CSS staff associate planned to be the discussion leader for two groups in the same location: bringing in experts to one group as sessions required particular knowledge but providing the continuity throughout; and in the second, working with a nurse as a co-leader throughout the meetings.

A meeting place was provided by East Side House Settlement, which sponsored community centers in four housing projects in the Lincoln Hospital district. A lounge in the Mill Brook Community Center was made available to CSS. Adding a program for young couples was viewed as a logical extension of their club and recreation program.

No one thought that recruiting would be easy, nor was it; but there was some hope that an opportunity for a social and educational experience directly related to the very personal matter of pregnancy might have an appeal and attraction not offered elsewhere in the community. Calls were made on the high school guidance counselors, churches, the district health center, four community center staffs. There were informal meetings with tenant organization executive boards and officers, mothers' clubs, the local office of the New York City Youth Board, housing managers,

and local merchants. The few physicians in private practice in the neighborhood were informed of the evening group discussions for young parents.

Professional workers and mature parents all thought the idea had great merit. Sitting on clinic benches talking to mothers we heard, "I wish I'd had the chance to talk somewheres before the kids came." One East 141st Street mothers' club member said, "I was plenty scared." "Tell them about not having no kids until they're ready," the same mothers urged. "When my daughter 'comes around' I'm going to tell her everything be she ten years old," another East 141st Street voice of experience stated firmly.

The Lincoln Hospital lists were expanded by a limited number of names submitted by near-by St. Francis Hospital where the nursing staff was eager to cooperate but administrative complications made establishing a line of communication quite difficult.

Individually typed letters were sent with personally addressed cards of invitation enclosed. This detail is mentioned since we learned later that the personal touch brought a better response than a mimeographed notice. A dignified and personal approach was maintained throughout the contacts by using "Mr." or "Mrs." with the person's last name rather than merely calling someone by his first name. For the same reason all references were to "young" parents as opposed to "teen-age" to counteract the popular unfavorable connotation.

Two groups that met for seven weeks each emerged from referrals from the hospital. There were thirty-one different participants, including couples, expectant mothers alone, one expectant father alone, one high school senior who was already a father, one unmarried mother, one mother expecting a second child (because "there's always something you can learn"), several unmarried and not pregnant friends of group participants, and, on several occasions, older married sisters and little brothers.

Shy at the outset, they addressed their questions only to the discussion leader: "Why can you only see the baby through a glass at the hospital?" "What if a woman wants ice cream all the time?" "Is it true that if a mother has heartburn the baby will have lots of hair?" "How do you know when it is time to 'birth' the baby?"

There was a common anxiety about knowing how to handle a baby and a child lest it be "spoiled," although what constituted spoiling was not easy for them to define. The girls wished the fathers to know what was happening to them so that they would be more understanding.

The first group had a weekly program in which there was a different guest each week: a resident doctor from Lincoln Hospital to discuss bodily changes and preparation for delivery; a nurse to talk about the hospital stay; a public health nurse from the district health center to discuss baby care and child health; a staff member from the Neighborhood Service Center; a storefront extension of the Mental Health Service at Lincoln; a preview of a then not-yet-released filmstrip, *Children by Choice;* and a visit to the labor and delivery rooms of Lincoln Hospital. The plan was to familiarize them with services they might themselves use as families. Literature relating to each topic was distributed in Spanish and English.

The second group was conducted jointly with a consultant on the staff of the Visiting Nurse Service of New York. Meeting spring and summer evenings at the community center and talking over fruit juice and cookies, the group covered the same general areas of information and anxiety about pregnancy and childbirth: ("Is it true that you have to be cut open?") ; postpartum care; nutrition; husband-wife relationships; getting along with parents and other relatives. For the Puerto Rican girls in particular there was the problem of the normal conflict between generations, compounded by intercultural differences and changing patterns in family life made necessary by financial pressures.

Limited friendships were formed. (Although they lived within a block or two of each other, none had never met.) They assumed responsibility for helping with Spanish translations when necessary. They reported on reasons for a group member's not attending. They asked for, and were given, help in securing better employment, camping opportunity suggestions for a niece, a referral to a Head Start program for a nephew, help in applying for an apartment in public housing, permission to borrow reading books from the community center library to make the days less tedious.

Unusual physical complaints were reported to the hospital, and the girls were urged to use their right to ask questions of the medical staff.

Comparison of information contained in narrative records for both groups showed that there was little if any difference in subjects covered, atmosphere, or freedom of discussion. It was token evidence of the original thought that if nonmedical personnel could provide a group and maintain continuity, medical personnel, spread thin as it is, could be used solely as resources.

The Bureau of Maternal and Child Health in the New York City Department of Health was interested in the development of the CSS program, as a possibility of finding effective and efficient ways of using a limited and pressured corps of medical personnel.

During the summer and fall, follow-up visits were made to as many families as could be located. The mothers and fathers were proud of the babies, but some mothers expressed resentment at being trapped, almost completely housebound. One mother said of a four-month-old girl she had propped in the corner of the tufted sofa covered with plastic, "Sometimes I say to her, 'Why did you do this to me?' and then I have to pick her up and love her because she's so cute." Five out of five babies seen had been hospitalized for brief or extended periods, but it was hard to judge whether it was because hospitalization was required or because the hospital staff did not judge the young mothers sufficiently capable or their homes well-enough equipped to care for a sick child.

The capsuled experience helped the Family Life Education Committee to decide that it would be valuable to build a window to see the next generation through an approach to young parents.

In September, 1966, a second staff member, Mrs. Ruth Poulos, was employed by CSS to work exclusively on the continuation of experimenting with methods of finding the hard-to-find, reaching the hard-to-reach, and then holding the elusive young parents. Mrs. Poulos was a high school teacher who left the classroom to earn a master's degree in family life education because "there

seemed to be so much more that needed to be done for the students beyond teaching about *Silas Marner*." With this step another objective had been realized, that of engaging other than social work personnel in developing the program.

It is worth mentioning at this point the fact that young parents are not the only ones who are "hard to reach." The professionals and semiprofessionals in health, social welfare, and religious work have almost as great a tendency toward mobility as the population they serve. Moreover, changing staff assignments and shifting organizational structures regularly changed the established means of finding potential group members or of reporting back to the same source. Personal calls were reinforced by bright posters in the area with Spanish and English messages on give-away leaflets in a pocket. A partial listing of all the community agencies visited, telephoned, or written to in the search for young parents may be some indication of the daily task of staff to interpret the program and, as the workers left, to reinterpret the program and to indoctrinate the new ones. In addition to talking with junior and senior school guidance counselors, clergy, health center and hospital personnel, the project specialist spoke with staff at the area Community Progress Center, Bronx Neighborhood City Hall, neighborhood public libraries, the local police, Bronx Planned Parenthood workers, the community worker at the district Department of Welfare center, and with the local furniture store owner.

The third innovation began in November, 1966, and is still in process: an open-ended group participation which usually ends for a family with the birth of the baby, although the project specialist makes a major effort to retain contact with families after the baby is born. Individual referrals continue.

Although articulation of ideas and feelings does not come easily to these young parents, the atmosphere of the group meeting has opened the way to a self-expression they have never before experienced. A fifteen-year-old father admitted after the first meeting that he had been persuaded to attend, that he had not wanted to come because he thought the discussion leader would tell him, "You shouldn't have done this." He said, "It's good to talk to a

grown-up who doesn't blame you." The young mother said to him, "If you hadn't come, we would never have talked about these things." The evening had been spent in discussing their feelings when they had discovered Bonnie was pregnant. Another father said at another time that he liked talking with "someone who looked at all sides and wasn't for one or against another."

There were conscious efforts to attract the young fathers to meetings. The Man Power Development Training Program was requested to send a speaker to talk about ways of improving job prospects. The comsumer education consultant of the Community Progress Center talked about ways of avoiding being swindled in the ghetto. All discussions relating to child care or the condition or feelings of the mother were always expanded to consider the viewpoint of the father.

A means of evaluating the effectiveness of the program was developed with limited research goals. If only the reasons behind the lack of response to invitations could be determined, the research could be credited with having made a contribution to program growth. There being no ready-made tool for measuring such a small and changing program with innumerable variables, the questionnaire and procedure that were fashioned were regarded more as a method of taking a sounding than as definitive research. The Institute of Welfare Research and Family Life Education Committee were well aware of the need to refine research tools.

A three-part questionnaire was drawn up by the Research Associate, Dr. Elizabeth Lyman. The interviewer was a young woman, herself a mother, equally fluent in Spanish and English and familiar with the area as the wife of a minister assigned to a small church close by Mill Brook Community Center. Letters requesting permission to visit were sent ahead. Interviews were held during the day with the girls only—with those who were invited and did not attend the group meetings, those who came but dropped out, and those who attended regularly.

In the five-month period during which the study was in process, letters of invitation were sent to 150 girls. Of these, 26 were dropped from our list because the invitations were undeliverable by the Post Office; the girls had either moved or were unknown at

the address they had given to the hospital. One hundred and twenty-four girls were assigned to be interviewed. From them we obtained 62 usable interviews. We obtained interviews from 15 others but were unable to include their questionnaires in the study either because the girls did not meet our criteria of age and first pregnancy or because (in two cases) the questionnaire was returned late. The remaining 47 were not interviewed for a variety of reasons. Some already had their babies by the time our interviewer reached them, some could not be found at the address given, others were not at home at any of several visits. Only two girls refused to be interviewed.

Of the 62 usable interviews 53 were with girls who did not attend the meetings, 4 with those who attended regularly, and 5 with dropouts. Thirty interviews were in English and 32 in Spanish. Fifty-two respondents were Puerto Rican and 10 were Negroes.

They were asked how they felt about having a baby: were they happy about it?

Of the 53 who did not attend, 34 were happy that they were going to have a baby.
46 thought their husbands were happy about it.
26 said they had had a lot of experience taking care of babies, and 15 had had more than a little experience.
31 admitted that they were a little afraid of delivery, and 11 were very afraid.
45 were not at all afraid of taking care of the baby.
40 said that nothing worried them about the baby.

In sum, a majority did not perceive having a baby as posing any special problems, therefore they were not quick to jump at a chance to get help.

The typical nonattender was 18 years old, had an income of between $60 and $70 a week, and completed the tenth or eleventh grade, as did her husband. In these respects she did not differ from those who attended.

The most frequent reasons given for nonattendance were:

37 said that the baby's father did not want to go to the meetings, or could not go, and they did not want to go alone.

28 were afraid to go out at night.

21 said that they already knew enough about taking care of a baby.

20 said they did not understand English well.

With so few people involved it is risky to generalize about those nine who attended at least once and were interviewed. For what it is worth, it can be reported that of the nine, five enjoyed the meetings very much; seven learned something they did not know before; five thought the meetings better than they expected; five felt different about being pregnant; six felt different about delivery; four felt different about being a parent; eight of the nine talked to someone about what the meetings were like—on the whole, a positive reaction.

One of the questions was: "In what way do you feel different about being a parent because you went to the meetings?" It is worth noting at least a few verbatim responses:

"Now I feel more responsible. I just thought it was to give him milk and no more. Now I feel I have more capacity to raise the baby. Now I know more about how to develop the character."

"I feel more important. A parent has someone to look up to you. And the responsibility. It's your child—not your next-door neighbor's."

"I feel sometimes more sure."

"I feel different because one gives more importance to the child."

A fourth variation in approach was instituted in February, 1967, when group meetings were begun with girls alone at the hospital on the day they were scheduled for clinic revisits. Winter weather, the necessity to be abroad at night and the extra carfare required for the trip combined to affect the decision to attend or not to attend. Evening meetings were continued in the hope that an expectant mother might be moved to attend and would urge the father to accompany her. (This did happen in one case.)

Although the nursing supervisor and the discussion leader explained that participation was voluntary the groups of the first few weeks, each with an average of eight girls in attendance, gave the impression of feeling that they were a captive audience; none-

theless, they continued to join the hour of refreshments and conversation. Frequency of clinic appointments varies with the stage of pregnancy and the group composition so that each week means a new adjustment, but continuity as well as spirit is becoming noticeable, and questions and discussions are becoming more open. Girls take turns being the hostess. The mothers-to-be look forward to the discussion leader's visiting them in the hospital after their babies are born.

The range of topics, dictated chiefly by the young mothers, has included: maternity girdles; the meaning of blood types; the purpose of a Wasserman test; nutrition during pregnancy; symptoms of labor; anesthesia during delivery; husband-and-wife relationships after the baby is born, especially as influenced by the draft status of husband; jealousy on the part of the husband; indulgence by parents and the inevitable concern over "spoiling"; in-law problems; money management; breast feeding *vs.* bottle feeding; aches and pains; poison control for small children; influence of non-English-speaking parents on children growing up in the United States; sex education for children; and, over and over, family planning.

Laced throughout both the daytime and evening meetings is the sometimes unspoken, sometimes expressed wish to have learned more sex information while in school and a desire to have more academic or vocational education.

A great variety of booklets and leaflets in simple Spanish and English, with photographs and drawings, have been used to stimulate discussion or illustrate points. Comic books on the subject have been given out too. Whatever effect the written word may have eventually is hard to guess, but the impression made by color photographs of the birth of a child in *Adventure to Motherhood* [1] appears to be immediate and lasting. The pictures trigger questions from the young mothers and couples who did not have sufficient background to ask them at first.

Plans for the future are at present more a list of questions than

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[1] J. Allan Offen, M.D., *Adventure to Motherhood:* the picture story of pregnancy and childbirth (Washington, D.C.: Audio Visual Education Company of America, 1964).

a list of recommendations. The Family Life Education Committee has read with interest the experience of the Mission Neighborhood Centers in San Francisco.[2] We have followed as much literature on projects for pregnant teen-agers and young mothers as is available. We are asking New York City hospitals to give us the benefit of their statistics as clues to areas outside the South Bronx where there may be a concentration of young couples. Even as we made this attempt, however, overworked hospital personnel beg off sorting out new statistics since there is no uniform way of identifying the young mothers; hospital districts are being rearranged, with a consequent shift in population usage; expanded services in new settings are being offered and attracting expectant mothers of all ages; Medicaid, while not in wide operation shows signs of drawing patients from clinics to private physicians. The practice of securing prenatal care in a city hospital but having the baby at a voluntary hospital is common, which makes follow-through difficult.

The small program at Mill Brook Community Center has some more ideas to try out. There are plans underway to have a neighborhood mother teach home nursing to the young expectant mothers and to young mothers whose babies have arrived. The mother, a Head Start parent, was certified as a parent-instructor in home nursing under the auspices of another CSS demonstration. There is an idea, still on paper, to expand the world of the young families by giving them a chance to see what is beyond them but within reach. We will know that we are beginning to be successful when ideas begin to come from them.

It is a small project and workable ideas are just beginning to present themselves, but in a year and a half a long list of questions has accumulated.

How does a community action program use its offices to seek out young families which are not mature enough to recognize a need for support?

Can a group program be addressed to such an intangible as

[2] Arletta Dawdy and Irving M. Kriegsfeld, *Neighborhood Services for Teenage Parents and Their Babies* (San Francisco: Neighborhood Mission Centers, Inc., 1966).

interfamilial relationships? Should group meetings be open-ended, or would it be more useful to offer a time-limited structure?

What community agencies can provide stability and direction on a community basis for a segment of the population that is likely to seek them only in time of crisis? Efficiency and economy *must* be considered in providing services.

Ought we to offer courses on an itinerant basis, setting up shop in one neighborhood and moving on to another as we are welcomed or sponsored?

What is the key to attracting young fathers?

Is there a way to use mass communication media in what we are trying to do?

Even as we struggle with our minature program, as a community action arm of CSS we consult with other health and welfare agencies aiming to build a new support for young families, we talk with nursing students who recognize the need for new steps to public health, with social work students who are looking at new forms of community organization, with family life education majors only now coming into their own but still closely tied to the classroom. We share our small fund of knowledge and help where possible by continuing to question.

For the CSS Family Life Education Committee it will be a first signal of success if findings produced through our efforts on behalf of young families are absorbed and used effectively by responsible resources to help establish the young family as a strong family.

A Group Approach to Link Community Mental Health with Labor

by HYMAN J. WEINER

Day hospitals, halfway houses, foster homes, and a variety of other sociotherapeutic approaches, usually coupled with medication, have achieved some success in keeping the mentally ill outside the hospital. Residing outside a hospital, however, is not necessarily synonymous with participating in community life.[1] For many patients, living in the community has little meaning unless it also involves being able to function as productive members of the labor force.

Unfortunately, however, the mental health fields finds itself isolated and estranged from the world of work. For too long these two social networks have passed each other like ships in the night, each losing out by lack of real contact with the other. As a result of this situation the mental patient is usually left to his own resources in overcoming the barriers to finding and holding a job. Some, independently or with professional help, do mobilize sufficient strength to achieve this goal. But for each successful candidate all too many fall by the wayside.

There is, however, a pilot venture which is attempting to link the world of work with a mental health service in the men's clothing industry in New York City. In dealing with a group of business agents [2] as official representatives of the labor union, a group work approach was employed to help union officials and

[1] Howard Freeman and Ozzie Simmons, *The Mental Patient Comes Home* (New York: Wiley, 1963).

[2] A business agent is a full-time, paid union official who services the membership on problems of grievances, change of jobs, and so forth.

mental health professionals examine the way they were dealing with mentally ill workers and test new methods of coping with the problem.

Grants from federal agencies [3] made it possible to establish a mental health program at the Sidney Hillman Health Center. The center is an outpatient medical facility cosponsored by the New York Joint Board of the Amalgamated Clothing Workers of America and the New York Clothing Manufacturers' Association. The union members whom it services comprise 30,000 clothing workers, consisting primarily of three ethnic groups: Italian, East European Jewish, and Puerto Rican.[4]

The content of, and the approach to, the group sessions grew out of an appreciation of the overlapping needs of the union and the rehabilitation program as they both sought to deal with the emotionally ill clothing worker. It was clear that maintenance of employment or return to work required the intimate involvement of those who had direct contact with the workers and control of job opportunities.[5] What was less clear, however, was identification of the needs of the industry, and particularly of the trade union, which might be satisfied by cooperating with the mental health program. There were three potential keys to gaining union commitment and participation:

1. The union is under pressure to maintain an experienced labor force for the industry.

2. The union's tradition and its community image as a socially responsible pacesetter make it hospitable to pioneering programs.

3. The union is in the market for new personal services which will help maintain the loyalty of its membership.

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[3] The demonstration program is supported, in part, by grants from the National Institute of Mental Health (MH-1523) and the Vocational Rehabilitation Administration (RD-1453).

[4] For further discussion of the mental health project in the men's clothing industry, see Hyman J. Weiner and Morris Brand, "Involving a Labor Union in the Rehabilitation of the Mentally Ill," *American Journal of Orthopsychiatry,* XXXV (1965), 598–600; John Sommer, "Labor and Management: New Roles in Mental Health," *ibid.,* pp. 558–63.

[5] The union operates a labor bureau which, in effect, serves as the exclusive hiring hall for the men's clothing industry in New York City.

Union officials must deal daily with the mentally ill clothing worker. In spite of their desire to alleviate the personal suffering and the industrial problems which result from the disability, their efforts are not always successful. It was this fact which set the stage for a dialogue between the union and the mental health program.

Ten business agents were assigned by the union leadership to meet regularly with the mental health staff. The project director, a social worker with group work experience, was instructed by the union president to "tell them what to do so that they can help the members." The mandate was for a didactic educational program. The director, who was to lead the group, subsequently won the right to set up a workshop rather than a lecture format. This was especially significant in view of the fact that an authoritarian leadership approach to problem-solving had cultivated a pattern of passive behavior among the business agents. In addition to a style of dependent group participation, the specific "charged" nature of the mental health issue contributed its own dynamics to the situation. Genuine interest in finding new ways of coping with the mentally ill was all but neutralized by the fear of approaching such a delicate subject, particularly in the presence of psychiatrists. Another potential source of resistance to participating in the group was the union's suspicion of social workers which was summarized by the late Albert Deutsch.

They had little use for the busy-bodies and crackpot reformers who often dominated voluntary social work, bent on moralizing missions, often debasing their own religious faiths by crude attempts to bribe the poor into their particular creeds with the crumbs of charity.[6]

The group, comprised of mental health professionals and business agents, moved through three phases in developing trust and a way of working together. These phases overlapped and continue to assert themselves, each with a dominant quality.

The classic group attitude of reliance on authority—"Tell us about mental illness and what to do about it"—characterized the initial period. This was exacerbated by the desire on the part of

[6] Albert Deutsch, "American Labor and Social Work," *Science and Society,* VIII (1944) , 290.

some of the professionals, to relieve their own anxiety by playing the role of expert.

This search for useful agenda, which finally developed when the group and its purpose were brought into focus, illuminated the real differences in perception held by the two parties. It became evident that the business agents believed they were assigned to be "mental health aides." They saw this as a new and time-consuming role, bearing little relationship to their functions as union officials. A record of the first group meeting includes the following:

As they entered the room there was a good deal of kidding among themselves about their assignment. . . . Behind this joking, the agents' interest in the new role seemed intermixed with considerable anxiety about what they would do."

Their anxiety was well-founded for, assuming that they were to act as mental health aides, or "subprofessionals," they truly lacked the knowledge and skill such a task demanded. Some of the mental health professionals challenged the notion that business agents could become "aides." It was pointed out that expertise existed on both sides. The business agents knew the world of work and, moreover, had a tremendous amount of experience in dealing with mental health problems on the job. It was this ability which they could contribute to the group—not a watered-down, fear-ridden, subprofessional role.

Although the professionals harbored some doubts they expressed an expectation that expertise would be shared. This idea was viewed with considerable skepticism by the business agents, who were also uncomfortable about their limited formal educational backgrounds. Both sides grew more appreciative of their mutual contribution as actual job problems of emotionally ill clothing workers were discussed.

During this first period the role of the group leader began to be clarified. Though he was a member of the mental health team, his function as workshop chairman, with the responsibility of keeping the parties working at the problem, became an accepted part of the emerging group culture. In many ways he resembled the "stranger" as described by George Simmel:

. . . distance means that he, who is close by, is far, and strangeness means that he, who is also far, is actually near. His position as a full-fledged member involves both being outside it and confronting it. He is not radically committed to the unique ingredients and peculiar tendencies of the group and, therefore, approaches them with the specific attitude of "objectivity." But objectivity does not simply involve passivity and detachment; it is a particular structure composed of distance and nearness, indifference and involvement.[7]

Phase two was marked by further exploration of the special contribution that each could make. Discussion within the group and activity outside of it proceeded along parallel rather than integrated paths. Among the cases brought before the group during this period, the history of Mrs. Ritter [8] is typical. The business agent was called to the shop by her employer, who complained that after many years of competent service as a ticket sewer Mrs. Ritter was mixing up her work. As a result the entire shop was being disrupted. After talking with the worker, the agent recognized that she had an emotional problem and suggested she "go to the union health center and talk it over with someone." Simultaneously, he alerted the mental health program.

Mrs. Ritter did not arrive at the health center, and the case was discussed at the next group meeting:

The business agent was surprised to learn that Mrs. Ritter had not contacted the mental health program. He reported further that she had walked off the job without an explanation to the employer. Several of the union officials suggested that the health center send a letter to the worker asking her to come in. At this point, one of the professionals asked what might have happened if there were no mental health program. A few agents replied that such a worker often disappeared from the industry. Another indicated that sometimes the business agent called the worker, letting her know that she was in danger of losing her job. One agent challenged the notion of direct contact with the worker. He warned that "if you get involved with the mentally ill, they always accuse you of being crazy." He went on to say that "our job is to let you [the professionals] know who's in trouble, then it's up to you to take over."

Mrs. R's own business agent disagreed, saying that, "Good ticket

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[7] Kurt Wolff, ed., *The Sociology of George Simmel* (Glencoe, Ill.: Free Press, 1950), p. 404.
[8] All names are fictitious.

sewers are hard to get, and since she was the only one in her factory, the boss wants her back to work." He said he felt comfortable telling her the truth, that she would lose her job if things remained as they were. One of the professionals suggested that reaching out to her might show union interest in her welfare and help start the process of getting her back on the job.

It became clear to the group that there was a merging of interests of union, management, and the mental health program in relation to this worker in trouble. The group encouraged the business agent to approach Mrs. Ritter on the basis of protecting her job rights, a point of entry with which he felt comfortable because it was consistent with his traditional duties. Subsequently, he accompanied the worker to the health center and introduced her to the mental health program administrator.

Let us consider some of the dynamics of the group experience up to this point. The group leader's primary task was to place the situation consistently before the two parties. He encouraged a discussion of the differences within the group, always focusing on what might be done to help the patient-worker. Attention to these specific tasks helped reduce the guarded self-protective quality of the two "camps." In this workshop atmosphere alliances became fluid. Subgroups formed, reflecting specific action lines in a particular case.

At times the business agents would retreat into a demand for more general mental health information so that they could "understand" the problems of the mentally ill. The leader alerted the group to the danger of entering the trap of didactic lecturing. Gradually, the sharing of relevant knowledge for dealing with a specific case became accepted group behavior. This, in turn, often touched off interesting discussions of a general nature but was utilized less often as a way of avoiding dealing with the job at hand. In the case of Mrs. Ritter, for example the psychiatrist pointed out how kindness and "being on the worker's side" helped mitigate some of her suspiciousness and contributed to her willingness to accept help. This led to a lively discussion about paranoid behavior and its possible causes.

Testing new ways of coping with mentally ill workers and

searching for knowledge became intertwined. The pragmatic style of the union representatives served to remind the professionals that knowledge had to "pay off" on the firing line. It should be noted that group movement occurred not only as a result of change in the business agent's behavior. The professionals, too, in dealing with actual cases, gradually began to appreciate the valuable experience and expertise of the union official in his own area. The mental health workers developed a deeper comprehension of the job demands in a clothing factory. This permitted new insights into the way psychopathology and a particular work situation interlocked. Thus, mutual problem-solving—finding new ways of coping with old problems—marked the entry of the group into the third phase.

The clarification of roles reduced the tensions of both parties and led to a workable division of labor with each contributing what he could do best. During the first two phases the parties made few demands on each other, while the third phase was marked by mutual demands. To the surprise and discomfort of the mental health personnel, the business agents began to inquire about plans for patient treatment of the mentally ill, frequency of visits to hospitals, and so on. They became secure enough in the group to raise questions of "quality care." They complained that not enough treatment time after working hours was set aside for patient service and that it often "took too long for results to show." Some of these demands resulted from a lack of understanding of the treatment process. Others were realistic complaints about administrative procedures to which they were not accustomed in the industry. The mental health program did extend its clinical hours.[9] At the same time, the questions provided an opportunity to discuss the nature of the therapeutic process.

During this third period the professionals began to make demands on the business agents which had implications for union policy and practice. The group's discussion about the case of Mr.

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[9] Robert Reiff, *Issues in the New National Mental Health Program Relating to Labor and Low Income Groups* (New York: National Institute of Labor Education, 1963; mimeographed) .

Loberto illustrates the resulting strain on the collaborative process and the step taken toward resolution. The patient, a long-time worker in the industry, was referred to the mental health program after he dropped out of work. During the treatment process it became clear that one of the factors contributing to his separation from the labor force was his feeling of being underpaid. Despite his paranoid symptomatology, Mr. Loberto had what might be considered to be realistic grievance; and he was encouraged to raise the issue with his business agent. The following selection from a group record describes what happened:

Mr. Loberto's business agent became angry when the problem was raised in the group. He said that he should be grateful for what he's getting, because he is slower on the job. He then turned to the professionals and indicated that this was strictly a union matter and that they should not get involved. The social worker, working with the patient indicated that it is difficult to help a suspicious person like Mr. Loberto if one doesn't try to separate the real complaints from the false ones. At this point the group seemed to drop the subject and go on to another case. The group leader reminded them that the earlier difference of opinion was not discussed. Another business agent suggested that though the worker was getting slower he may have a legitimate grievance. He added, "I know Loberto is a real nudge but maybe you can work it out somehow." The patient's business agent, somewhat upset, agreed to meet with the patient and his social worker and try to resolve the problem.

At the next meeting, the business agent reported that the worker did, in fact, have a legitimate grievance and it was resolved at the factory. This event was used to illustrate the benefits resulting from a trusting relationship in which members can feel free to "make demands of each other and disagree."

The leader concentrated on ways in which each party, by identifying and working on overlapping needs, could implement its own organizational goals. In this vein, William Schwartz believes that:

The worker's search for common ground is expressed in two major forms of activity. One is his efforts to clarify the function of the group and to protect this focus of work against attempts to evade or subvert

it—whether by the agency, the group, or its individual members. The other is represented by consistent efforts to point up for the members those areas in which they feel, however faintly, an interest in the social objects which confront them.[10]

In the process of helping institutions reach out to each other, the problems of individual people illuminate organizational policies and practices. Each case of a person in trouble can be viewed as an opportunity to consider institutional as well as personal inadequacies. Searching for common ground invariably leads to identification of divergent as well as convergent interests. If the respective parties manage to sustain their face-to-face confrontation, new solutions to individual and institutional problems begin to emerge. An example of this process is the relationship between the union grievance machinery and the collective bargaining procedure. The grievances of individual workers are transformed into policy issues at collective bargaining sessions.

For the trade union, like most membership organizations, mutual aid is the *raison dêtre*. This significant feature is also the major theme of an effective group process. Thus, the union setting provides a fertile and potentially congenial field for the practice of social work, and particularly for utilization of the group approach. Bertha Reynolds, who established the United Seamen's Service during the Second World War, commented that it led to a "different *quality* of work with people who feel that a service belongs to them because they belong." [11] This social work service with the National Maritime Union proved to be ahead of its time. After the war, another avant-garde program was initiated by the Welfare and Retirement Fund of the United Mine Workers of America.[12] Service to the mentally ill miner and his family was an integral part of its comprehensive medical care system. It was not until the 1960s that others followed in the footsteps of these pioneering ventures. Currently, social workers with the

[10] William Schwartz, "The Social Worker in the Group," in *New Perspectives on Service to Groups* (New York: National Association of Social Workers, 1961) , p. 20.
[11] Bertha C. Reynolds, *Social Work and Social Living* (New York: Citadel Press, 1951) , p. 1.
[12] Lorin E. Kerr, M.D., "A Labor-Health Program for Rehabilitation," *Journal of Rehabilitation,* XXVIII, No. 4 (1962) , 17–19.

United Auto Workers [13] and the Retail Clerks Union [14] programs are engaged in providing services and building bridges between labor and the community mental health field.

This development is in keeping with recent interest in involving the consumer of a service in its planning and execution. There are a number of practice issues, however, that must be studied as social work moves into the new terrain of work with membership organizations. Among them are the problems of entry and confidentiality.

Perhaps the most salient practice issue requiring examination is that of entry into a going concern. It is not unusual for membership organizations to be suspicious of social workers and other members of the helping professions. One way of initiating a dialogue is to attempt to help the system deal with the mental health problem where it feels the pinch. For example, each mentally ill union member with a problem of maintaining his job or returning to work is a potential link between a labor union and a mental health program.[15] The question for the social worker is: Will the membership association allow me to take part in its problem-solving process? Identifying specific tasks through which the "mutual aid society" can help a member with emotional problems is the basis for intial collaboration. After a while the social worker will develop an appreciation of each union's unique history, style of service to its membership, and awareness of internal difficulties.

The issue of confidentiality also requires reappraisal. Trying to develop a working partnership is always a hazardous undertaking. It is difficult to participate in the rehabilitation of the mentally ill if the partners do not have equal access to information. The professional is often the recipient of "secrets" from the patient. The union representative, on the other hand, may also serve as the depository of confidential information. If the business agent

[13] Melvin Glasser, "Prepayment for Psychiatric Illness," in *Till We Have Built Jerusalem* (Washington, D.C.: National Institute on Rehabilitation and Health Services, 1966; mimeographed).

[14] Phillip S. Wagner, "Psychiatry for Everyman," *Psychiatry*, XXX (1967), 79–90.

[15] David N. Daniels, "New Concepts of Rehabilitation as Applied to Hiring the Mentally Restored," *Community Mental Health Journal*, II (1966), 197–201.

and the mental health professional are to work together, however, they must have at least a common base of knowledge about the individual whom they are attempting to help. In the program with the Amalgamated Clothing Workers it was found that a worker would usually permit mutual disclosure between union officials and professionals when he felt that both parties were working in his behalf.

The mental health movement is interested in establishing meaningful ties with significant institutions in the community. The labor movement, in its quest for improved benefits for its members, has become more responsive to their mental health problems.[16] The utilization of a group approach is one means by which to begin to merge these particular institutional interests.

[16] Arthur Kornhauser, *Mental Health of the Industrial Worker* (New York: John Wiley, 1965).

Educational Services for Unmarried Mothers

by HARRIET BLACKBURN REYNOLDS

THE DEVELOPMENT OF SPECIALIZED educational services for unmarried parents, as for any client group, must be predicated on a knowledge of the specific variables peculiar to the population. Such knowledge is essential if comprehensive educational programing is to meet with any success and should include an in-depth investigation of the following:

1. Those social, psychological, and cultural factors which affect the students, learning experience: Who are they?

2. The current state of the students' educational achievement: Where are they?

3. An assessment of the educational and training needs of the group: What do they need?

4. The circumstances under which they learn and from whom they accept education: How will they learn?

5. The capability of educational institutions to evaluate accurately these findings and to design educational programs based on them.

6. The commitment on the part of the total community to provide the manpower and financial resources necessary to achieve the objectives of the students.

In short, success in this sphere is dependent upon the development of student-centered, experimental, innovative, educational experiences; and the ability of professionals in the field of education, health, and social welfare to meet the needs of the students rather than the needs of their agencies or themselves.

Although there are no national figures relating unmarried motherhood to socioeconomic levels, the overwhelming majority of reported births are to mothers on the low-income level. A recent New York study estimated that less than one in twenty of the illegitimate births during the period surveyed occurred to private patients.[1]

We know that a large proportion of these mothers are non-white because for every 100 middle- or upper-class white girls who have premarital coitus, one will have an illegitimate child; while out of 100 lower-class Negro girls who follow this course, seventeen will bear children.[2] The phenomenon of "disproportionate delivery" results from the fact that fewer middle- and upper-class white girls conceive because most of those who have coitus use contraceptives; and fewer who conceive deliver, for 90 percent of those who conceive have abortions, as compared with 30 percent of the low-income Negro girls.[3]

It should be stated that the ideas presented here represent conclusions based not only on a survey of current literature, but also on observations made by the author in administering one such educational program and in setting up another. The frustrations encountered in these activities at the local level led to a certain amount of cynicism on my part about the motivation of my colleagues. Professionals in both fields are willing to program for this group, but only in light of *their* knowledge, training, and values, which tend to be incomplete and dysfunctional.

1. *The students*—In 1964, 275,700 babies were born to unwed mothers. Although 40 percent of the babies were born to teen-age girls between the ages of fifteen and nineteen, these mothers represent only 1.65 percent of the population in this age group, while 4 percent was the rate for women twenty to twenty-four years of age and 5 percent for women between twenty-five and twenty-nine.[4]

[1] Jean Pakter, *et al.*, "Out-of-Wedlock Births in New York City: I. Sociologic Aspects," *American Journal of Public Health*, LI (1961), 683–97.

[2] Howard Stanton, unpublished manuscript.

[3] H. Paul Gebhard *et al.*, *Pregnancy, Birth and Abortion* (New York: Harper and Brothers, 1958).

[4] Ursula Gallagher, *Unmarried Adolescents* (Washington, D.C.: U.S. Department of Health, Education and Welfare, 1966).

The evidence, then, reveals that the school-age population for which we must design educational services is nonwhite, of poverty-level income, and not necessarily new to the city. (There are studies which show that there is less illegitimacy among recent migrants than among those with longer exposure to urban society.[5]) We have identified no single characteristic or set of circumstances—physical, intellectual, or emotional—by which we can quickly classify all unwed mothers. The correlation is stronger between the culture of poverty[6] or socioeconomic considerations than between ethnic or other popular variables.

Our identification of our students will then be complete with a brief profile of the psychological characteristics associated with poverty, the category into which most of them fall. There is evidence that this population, compared with other groups, tends to be more authoritarian; more given to intolerance and prejudice; more given to "black-and-white" thinking; antiintellectual; more given to action than contemplation; more inclined to personal and concrete than impersonal and abstract thinking; more given to resignation and fatalism; more subject to anomie; more provincial and locally oriented in attitudes and opinions; more distrustful of governmental authority; more suspicious and hostile toward the police; less developed in imaginative and logical powers; more given to economic liberalism and more reactionary in noneconomic matters; less eager to preserve civil liberties, if they themselves are not members of a minority group.[7]

Oscar Lewis describes the family characteristics of our student population as having a trend toward mother-centered families; a relatively high incidence of the abandonment of mothers and children; a belief in male superiority, with an accompanying cult of masculinity; frequent resort to violence in the settlement of quarrels; frequent use of physical punishment in the training of children; wife-beating; early initiation into sex, free unions, or consensual marriages. He concluded that all these characteristics

[5] Jane Collier Kronick, "An Assessment of Research Knowledge concerning the Unmarried Mother" (New York: Child Welfare League of America, 1962).

[6] Oscar Lewis, unpublished paper, National Conference on Social Welfare, 1961.

[7] Elizabeth Herzog, "Some Assumptions about the Poor," *Social Service Review,* XXXVII (1963), 389–402.

are found in studies of our urban poor, whether white or Negro.[8]

2. *Academic achievement.*—If we understand the social, economic, and psychological set of the student mothers we must serve, the data regarding achievement levels is not surprising. These students are underachievers and have been unable to compete successfully in public schools. Their failure patterns have long been established. A report of the Chicago Comprehensive Service Project reveals that most of the girls served had already repeated one or more grades of school and were functioning academically on a level from two to four years below normal expectations.[9]

The academic deficiencies of the girls has been a problem to several of the combined educational and medical projects designed to service them. The Educational Task Force report of the Educational and Medical Program for Pregnant Girls, sponsored by the Pittsburgh Urban League in conjunction with the city's Department of Health and the Board of Education, states:

> One of the major problems is the academic level of the average participant. During the year 1965–66, the average grade point standing of the entering participants was 1.46 on a four-point scale.
> A second major problem facing the program is the wide variety of curricula which must be encompassed by four teachers. Girls are admitted to the program from 8th through 12th grades and at any time during the school year, which places educational demands upon the program not normally encountered in a school situation.
> A third factor militating against attainment of the educational goals is the wide range of ability levels represented by the participants. The Wechsler Intelligence Scale range of the group which had participated in the program during the 1965–66 academic year was spread from a low of 64 to a high of 118. During the academic year of 1966–67, the Wechsler I.Q. range has spread from 73 to 121. To offer a single curriculum which is of value to girls with such varied ability is extremely difficult, even under ideal conditions.[10]

Our experiences at the Berean Vocational Education School in Philadelphia, of which I was Director in 1960–61, were in keep-

[8] *Ibid.*

[9] Mattie K. Wright, "Comprehensive Services for Adolescent Unwed Mothers," *Children,* XIII (1966) , 170–76.

[10] Mildred Wade, unpublished manuscript.

ing with these findings. Even when girls were highly motivated, as most of ours were, the basic deficiencies in mathematical computation, English comprehension, and verbal skills made remediation a necessity. Presenting subject matter on the actual grade level from which the student came was thus made unrealistic. Training in vocational areas, with its emphasis on future job placement, was highly successful, especially when nonacademic. The secretarial training sequence suffered from the reading and spelling deficiencies of the students, making it necessary to teach spelling and basic English before high school machine skills.

3. *Educational and training needs.*—A major factor significantly affecting our educational design must be the recognition of the dual role which these students will play. The overwhelming majority will keep their babies, and immediate marriage or adoption is, under the circumstances stated earlier, an unrealistic goal.

From the student's point of view, her academic knowledge and skills are limited and her vocational goals unrealistic, if any exist. She has resisted or been rejected in the "normal" school setting, and as likely as not has accepted herself as a current or future welfare recipient. She has learned, or will be learning shortly, the techniques for beating the debilitating, outmoded welfare system. Her alienation from the mainstream of the community has caused her to expect nothing from education or from the system in general. Why should she, since it has not provided a single significant experience with success in the past? There have been few symbols or personalities in her school from which thoughtful identification or support could come. This is the student, now faced with the compounded problem of motherhood, whom American public education has completely failed.

In short, she needs all that we can creatively give. An image of herself which will make her feel that there is hope and that she can achieve, even after past failures, will make her want to learn. A rapid program of remediation, not generally offered in most public schools, will quickly bring her to grade level. A systematic, realistic plan for child care, and the knowledge of herself as a functioning woman and mother, will equip her to play these

roles. Technical and vocational training will prepare her for more than a poverty-level job: a job leading to a career which offers the possibility for advancement.

4. *A program model.*—If our experience and the literature are correct, these students can learn best in a task-oriented, non-threatening, highly supportive, informal environment; one in which provision for successful educational experiences is built into the program design at every point of student contact. It is more important for these students to achieve immediate, though small, educational successes than for teachers or social workers to discuss with them their potential for doing so.

The curriculum must relate to their life style and situation, and abstractions and intellectualism must be totally eliminated from the initial stages. A study of the biology of reproduction and comprehensive sex education, including birth control, family planning, and child care, could be used to awaken an interest in learning. Initial presentations should rely on discussion groups and demonstrations making extensive use of carefully selected audio-visual materials.

If possible, the putative fathers may be involved in this aspect of the program. We have not undertaken comprehensive services of any kind for these young men. It should be possible, in such an educational center, to design and structure an informal involvement for the male parent. The decision to invite his participation should be made by the mother in light of her feelings and needs, and his willingness to participate in some program activity with her. It should be stressed that it must be made clear to him before he arrives at the center that his participation in the program is not taken as an admission of paternity and the subject will not be discussed. It is only an expression of his interest in the mother and of his own desire for information. If the response on the part of the alleged fathers is at all encouraging, the center might work on establishing related rapid remediation program and career ladders for him.

Since these students rebel against authority and since their experiences with teachers have been negative, it would be advantageous to use staff whose own training is subprofessional and

who can relate well to this group. The image of the teacher and the social worker primarily as an authority symbol must be destroyed and that of the teacher as resource, support, and helper must be created. It is necessary to emphasize this point again. None of the professions has developed effective communication with this group. The authoritarian, moralistic, condescending approaches which we used in the past, under the guise of professionalism, have no place in this program design.

Ideally, these services should be nongraded, and a student will progress as rapidly or as slowly as her educational, psychological, and social needs permit. There should be no set time limit on involvement in the treatment program. A neighborhood education and health center is envisioned where all necessary health, education, and welfare services are grouped and the professional staff has been retrained and sensitized to techniques for serving this group.

There are not enough professionals in any of the related fields to provide the quality or quantity of service necessary. Therefore, these educational and health centers will make extensive use of subprofessionals who are themselves involved in career training.

Although the public schools are generally lagging behind in the introduction of rapid remediation techniques, certain government- and foundation-sponsored projects are using highly successful, innovative, and experimental teaching materials. Teaching materials used in this program must meet a criteria of effectiveness and realism and have high interest value for the student rather than be designed for Board of Education approval. It is unwise to assume that we can use the same methods and materials which failed to hold these students in school before. We cannot expect to achieve success simply by moving the program out of the school building and adding a team of social workers, public health nurses, doctors, dentists, and clinical psychologists to the staff. This is not to say that the services of all these professionals are not required, but we must employ new educational techniques if we are to prepare these young parents to return to a formal school setting in a competitive manner. We must return them to school, in light of their new domestic responsibilities,

achieving ahead of their grade levels if they are to have any reasonable chance of success.

A student may enter this program at her point of readiness, but she should be allowed to remain in regular school for as long as she feels comfortable doing so. Unfortunately, it is standard practice for most schools to expel the expectant mother as soon as her pregnancy is detected. Some school systems, however, have established programs of isolated classes in the same school or transferred the student to another school and provided home instruction until the mother is ready to return to regular classes. What we advocate here is much more than that. We seek not regular but accelerated educational experiences for these students. If such programs can be incorporated into the ongoing programs of the schools, and if there is a willingness on the part of the community to support them, this may be done. These programs might have the spill-over effect of substantially altering and improving the pattern of education for the nonparent low-income population.

It is doubtful that the educational goals of this model can be achieved in the brief period required to create and deliver a new baby. It is, therefore, strongly urged that communities that contemplate instituting this kind of service establish facilities which have nurses' aides, nurseries, and kitchens. The student would bring her child to the educational and medical center and learn child and home care on her own live model. The classes and medical and social services should be structured around her health needs and her responsibilities for caring for her child.

During this period the student will be preparing to return to school, if she is achieving educationally, planning realistically for continuing child care, and investigating career opportunities. It will be necessary that subprofessionals be trained and used for follow-up, serving as liaison with the school personnel, as advocates for the young mothers where needed, and friends. If the problems which the student encounters after leaving the program cannot be handled by the subprofessional worker, then the professional staff will be called upon to counsel and assist the student in redefining goals. The young mother will be seen until she no longer needs supportive services and can function effectively alone.

A review of the model reveals that it is incomplete. It is not presented as a finished program design but rather as an overview of one of the possible alternatives to current educational services to the young unmarried students. It is to be hoped that it will lead the social work profession to ponder the possibilities for creative interdisciplinary social welfare service; services which are based on the client's needs and admit only to the limitations of the current state of our knowledge.

Characteristics and Resolution of Scapegoating[1]

by JAMES A. GARLAND *and*
RALPH L. KOLODNY

No SINGLE PHENOMENON occasions more distress to the outside observer than the act of scapegoating. Frequently violent in its undertones, if not in actual form, it violates every ethical tenet to which our society officially subscribes. As part of that society, the group worker confronted with scapegoating in the midst of interaction often finds himself caught up in a welter of primitive feelings, punitive and pitying, and assailed by morbid reflections on the unfairness of fate which leaves one weak and others strong. It is probably safe to say that few other events in group life are as evocative of intense feelings on the part of participants, including the worker, and as provocative of group crises. Attempts to deal with the scapegoating, whether as a single event or as a pattern, are likely to leave the worker feeling about as inept as he will ever feel as a practitioner. Try as he will, he may find it very difficult to get beyond, "But that's not fair. Give the guy a chance." Nothing upsets that nice balance between moral indignation and clinical dispassion which we as social workers seek to achieve in our approach to problems more than a clear-cut act of scapegoating. Compounding our difficulties is the fact that scapegoating is also one of the most ubiquitous of the phenomena we encounter. Even a cursory reading of group work records, par-

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[1] The ideas presented here were developed over a two-year period by the staff and students of the Department of Neighborhood Clubs, Boston Children's Service Association.

ticularly those dealing with children and youth, turns up incident after incident in which there is the expression of observable negative feeling, unwarranted in its intensity and implicitly having group sanction, on the part of several members toward another member over a considerable period of time.[2] When the study committee of which the authors were members several years ago asked for representative illustrations of scapegoating, we were inundated with examples. From a camp for socially disadvantaged youngsters, for instance, came one group worker's observations that in the six groups of eight- to ten-year-olds in her unit she rarely saw a group in which there was no scapegoating behavior. From a Jewish Center day camp came instance after instance of vigorous attempts to drive out the one variously labeled by his peers as "babyish," "slow," "dumb," "messy," or "odd." Reports of the behavior of YMCA adolescent groups were similar, and even the interaction of groups of physically debilitated children in a special hospital group work program was reported as being far from free of this behavior.

Because of its very universality, however, scapegoating and the several forms its aftermath takes may have become accepted as inevitable. The lay attitude is often, as one agency board member put it, that "everyone's experienced it; one learns to live with it." The professional point of view is frequently that as a symptom of individual maladjustment and of shifts in the structure of interpersonal transactions within the group, scapegoating cannot be dealt with directly. Its reduction depends almost exclusively on other events, as, for example, changes in group structure, alterations in self-image on the part of scapegoaters in the course of group development, reduction of tension and, therefore, of aggression, as a new group situation becomes defined and familiar. The behavior itself is frequently seen as something to be diverted or cut off in the interest of "protection" or bypassed in order to work at those issues which underlie it.

Unfortunately, however, the group worker who is involved in mental health efforts in the community that entail the introduc-

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[2] "Overview of Proceedings of the Seminar in Group Movement" (Boston: Boston University School of Social Work, 1962; mimeographed).

tion or reintroduction of the emotionally disturbed into the normal society of their peers is placed in a serious dilemma if only these two devices are available to him. His "protection" may be seen as favoritism, a matter over which members, with their sibling-like concerns, are already highly aroused, and in response to which they may leave the group. On the other hand, bypassing the attack may cause the already emotionally fragile scapegoat to flee the group permanently.

As a matter of fact, all group workers are faced with the same dilemma. None of us is really comfortable with the rationalizations which sometimes accompany the departure of members who have been scapegoated: "He really wasn't suitable for this group." "He isn't ready for a group experience." The management of scapegoating is an issue of moment for every segment of the group work fraternity.

For the group worker whose particular concern is the social adaptation of the emotionally disturbed, however, all of this takes on particular urgency. He feels as do many psychiatrists that "the cure or adaptation of the mentally disturbed can only be accomplished in society . . . and a successful stay in society is the only real test of any real therapeutic endeavor." [3] He is concerned, like Peck, with bringing group work services to people like the young former patient with "the slightly 'schizy' personality . . . aiding him to rejoin a world to which he has never quite belonged." [4] But he also knows firsthand how difficult this is to achieve and the role that scapegoating plays in frustrating his designs.

Such a worker often ransacks the literature for help. Turning to social psychological formulations on scapegoating he finds Allport's notions concerning ethnic prejudices as a displacement arising out of a chain of frustration leading to aggression, suggestive of the genesis of "prejudice" toward those who are emotionally

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[3] A. Querido, quoted in John and Elaine Cumming, *Ego and Milieu* (New York: Atherton Press, 1956) , p. 203.

[4] Harris Peck, "A Group Process Approach to Mental Health Issues," in *The Mental Health Role of Settlement and Community Centers* (Swampscott Massachusetts Conference, 1963) , p. 24.

"different" in his own groups.[5] His thinking is illuminated by All-
port's view of the scapegoat as a living ink blot upon whom are
projected the repressed feelings of those who attack him and by
Allport's comments on the masochistic elements in the scapegoat's
personality.[6] In Bell and Vogel's observations of scapegoating in
the small group that is the family, he finds a good deal that re-
minds him of what he encounters in his own age groups.[7] His
understanding is deepened by their suggestion that the deviant
within the group may perform a "valuable" function by chan-
neling group tensions and by providing a basis for solidarity.[8]
Their description of how disturbed parents support, usually im-
plicitly, the persistence of the scapegoat's deviant behavior even
while they are criticizing and punishing it leads him to examine
whether group members act in similar fashion. In addition, he is
prompted by their material to consider whether those who be-
come group scapegoats have already been inducted into this role
in their own families.

It would be rather too much, however, for the group worker to
expect of theoretical material which explores the social and psy-
chological roots of scapegoating that it blueprint for him the
techniques for its management. He will find, for instance, one of
the most extensive and insightful compendia of experimental re-
search dealing with behaviors related to scapegoating in Ber-
kowitz's volume on aggression.[9] If he anticipates finding clear-cut
treatment formulations, he will be disappointed. Most of the
examples presented are of ethnic-racial scapegoating, and the
treatment proposals which emerge deal mostly with intergroup
rather than intragroup relations. Even suggestions regarding
management of the scapegoating of a minority by a majority

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[5] Gordon Allport, *The Nature of Prejudice* (Cambridge, Mass.: Addison-Wesley
Publishing Co., 1954) , pp. 343–92.

[6] *Ibid.*

[7] Ezra F. Vogel and Norman W. Bell, "The Emotionally Disturbed Child as the
Family Scapegoat," in Bell and Vogel, eds., *A Modern Introduction to the Family*
(New York: Free Press of Glencoe, 1960) , pp. 382–97.

[8] *Ibid.*, p. 382.

[9] Leonard Berkowitz, *Aggression: a Social Psychological Analysis* (New York:
McGraw-Hill, 1962) .

group, however, might be transposed into intragroup action by the worker were it not for the fact that such suggestions are so hedged about with qualifications and so broadly stated as to render them less than helpful for practice. The last two paragraphs, for example, of Berkowitz's chapters, which deal with "displacement reactions" and "conflict condition," read as follows:

Theoretically, the best way to decrease the likelihood of intragroup conflict is to lessen the occurrence of frustrations and to eliminate the gains that might be accrued through attacking other groups. From a more practical point of view, however, the wisest course is probably to try to block the generalization of frustration-created aggressive tendencies to more or less innocent groups. A number of procedures might be employed in pursuing such an aim. The easiest is to spread communications advocating peace and harmony. However, such communications would encounter a great deal of resistance if they aroused dissonance, i.e., if they opposed action to which the audience was heavily committed. Messages that attempt to persuade through creating fear are generally ineffective, perhaps because such communications are also dissonance provoking.

Minimizing the perception of group differences might also lessen intergroup conflict, but research findings suggest that such hostility can be significantly reduced by demonstrating that the groups are interdependent if they are to cope with a common threat. Inability to overcome these threats heightens the intergroup conflict, however, if it is possible for each group to blame the other for failure. Equal status contacts between groups also lower intergroup enmity, particularly if informal social relationships are involved, but strong unfavorable attitudes toward the other group existing prior to the contact can prevent the development of friendships and may even increase the hostility by giving rise to perceived frustrations.[10]

More to the point, perhaps, when the practitioner narrows his search to material dealing with the actual handling of scapegoating by his colleagues he finds himself in even more difficult straits. Scapegoating per se is discussed only briefly in the group psychotherapy literature, and one finds the worker being cautioned that his attempt to do something about it may be largely a product of his own countertransference.[11] In the social group

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[10] *Ibid.*, pp. 194–95.

[11] Leslie Rosenthal, "Countertransference in Activity Group Therapy," *International Journal of Group Psychotherapy*, III (1953), 436.

work literature, only rarely does one encounter a description of a worker soberly discussing a pattern of scapegoating behavior with a group. Perhaps one exception is to be found in Wineman's presentation on life-space interviewing.[12] Instead, he finds an isolated comment here and there, such as: "The irrationality and usually unconscious motivation of scapegoating makes work with it especially difficult." [13] This, of course, does not carry the worker very far. In the last analysis, in developing his own interventive techniques, he comes to rely largely on his own knowledge of behavioral dynamics and the accumulated experiences of colleagues.

Such a worker in the Group Work Department of Boston Children's Service Association, better known as the Department of Neighborhood Clubs, finds himself in the midst of a group of practitioners who expect to face this problem in their groups every day. The department's *raison d'être,* the integration of the alienated child with his "normal" peers, and its procedure of forming "normal" neighborhood groups around the children referred to it for treatment, make it almost certain that scapegoating will be a central issue in the department's practice. These workers, then, are inevitably pressed to engage in a continuous exchange on the subject of scapegoating.

At various points in the department's history these exchanges have been formalized and peer group supervisory sessions instituted on the matter of scapegoating. What follows is a distillation of the concepts and techniques advanced by department workers during the course of these sessions.

The patterned presentation of the results of their deliberations cannot really reflect the intensity and, at times, confusion of their self-questioning about scapegoating. Classification of behavioral nuances and their meanings and of management techniques is not easily achieved. It is not surprising that nowhere were we able to find a scheme for classifying either forms of scapegoating or types of targets, let alone notions about "handling." We hope that our

[12] David Wineman, "The Life-Space Interview," *Social Work,* IV, No. 1 (1959), 10.
[13] Gisela Konopka, *Social Group Work as a Helping Process* (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1963), p. 58.

efforts to outline such a scheme will stimulate further attempts at classification. Without classification, we clearly lack a necessary condition for planful treatment.

<div align="center">FUNCTION OF THE SCAPEGOAT</div>

The scapegoating phenomenon appears both on a person-to-person level and within the multirelationship context of the group. Although social group workers are primarily concerned with dealing with it in a group situation, we must establish our base first on the intrapsychic level to examine how individual needs and dynamics generate and feed the scapegoating process. Then it will be possible to understand better how various individual patterns are combined to create and in turn be affected by the interactional process and the structure of the group.

The scapegoat.—The most commonly observed characteristic of the scapegoat is his inability to deal with aggression. A strong passive and masochistic mode is usually evident; uncomfortable with, or inept at, direct expression of his own angry feelings or burdened with guilt, the potential scapegoat finds it necessary to seek ridicule or rejection from others. He may act like a sponge, passively soaking up punishment, thereby maintaining his psychic equilibrium with negative outside support. On the other hand, there is the justification approach wherein the scapegoat must first provoke attack, thus externalizing responsibility for aggression and absolving himself of blame for his subsequent counter-hostility. Whether or not the scapegoat's need is basically for atonement and confirmation that the outside is "bad," he requires the collaboration of his persecutor, and uses a variety of techniques to insure it.

Three principal facts lend credence to the idea that assumption of the persecutee's role is often purposeful. First, the individual tends to put himself into contact with situations, persons, and interpersonal sets which are easily definable by inspection or by history as injurious to him in a manner that is repetitive and gives no evidence of adaptive learning. As a matter of fact, he often intensifies his provocation or stays progressively longer in the

dangerous situation, which may build to a crescendo of abuse. A case in point is a youngster in a group of six adolescent boys who week after week insisted on walking in an apparently unconcerned manner on the group's clean tumbling mat while wearing dirty shoes. This brought increasing abuse from the other members and finally physical attack, although the only observable change in the boy's behavior was a more dogged facial expression as he plodded fatalistically to the slaughter.

The second phenomenon frequently observed is that the scapegoat denies the existence of any pattern of persecution or that he is seeking it. Failing this, he may deny that there is any negative change, particularly on his part, in what is going on: "I was just fooling around." "The other guys don't mean anything by it." "I don't really mind if they don't like me."

The third test of purposefulness is that if the scapegoat admits that the situation is bad, he insists that it is beyond his control and hopeless. He may employ projection ("They always start it"), resignation ("Nothing will make them like me"), or helplessness ("I've tried to defend myself, but I just can't fight back"). All of these may be seen as defenses against altering the attack pattern, particularly if they are associated with no attempt to deal constructively with the situation or if they resolve into attempts that are repeated stereotypically long after they are obviously ineffective.

There are at least four other distinguishable types of vulnerability that may result in scapegoating action and which may not be purposefully provocative on the part of the scapegoat.

1. The first of these is confused sexual identity. We single this out because it appears so frequently and strongly in groups in American culture, particularly among males. Also, it appears to be associated with, and conditioned—in terms of whether or not it provokes attack—by, the aggression factor. That is to say, in both male and female groups an individual who is confused in his sexual identity typically escapes attack if he is able to be actively aggressive in dealing with other group members or is a good manipulator in controlling group and individual interactions (particularly in employing diversionary techniques). In this respect, the

identity variable is more problematic in male groups; an unde-
fended feminine orientation is typically passive and susceptible to
attack in addition to the fact that it arouses the fear of homo-
sexual involvement. We note also that in most cases in male
groups where attacks are based on sexual identity problems, there
is a component of masochism on the scapegoat's part which brings
about purposeful provocation. In this sense, the syndrome is di-
rectly related to the aggression-based scapegoating.

2. Second is an attempt at adjustment that evokes an unex-
pected negative reaction, a rider which is tolerated as a price for
gratification of the original need. We might label this "secondary
pain." The obese woman who craves acceptance from others in
her group may go along cheerfully with humorous gibes about
her size in exchange for the attention she gets in the process. This
may be despite the fact that she does not get masochistic gratifi-
cation from the gibes and may be made quite uncomfortable by
them.

3. The third nonpurposeful persecution situation pertains
where the individual is vulnerable by reason of a poorly orga-
nized or insufficient aggressive drive. Persons who make erratic,
inappropriate, or ineffective forays against their peers provoke
counterattack, albeit unintentionally; they are fair and tempting
game for ridicule, domination, and exploitation. We might label
this the "piranha syndrome." Falling into this general maladap-
tive mode as well are individuals whose energy is minimally or
sporadically invested in others by reason of depression or schizoid
withdrawal. Their mutism provokes the anxiety of others, and
their ineffectiveness or passivity makes them in most cases easy
prey.

4. Related to this latter class are the various types of unortho-
doxy. We would apply here the concept of visibility; whether in-
tentionally or not the person is identifiable in manner or appear-
ance as being different. This difference may be on a cultural lev-
el; for example, a youngster may wear a yarmulke to his group.
Physical appearance, such as skin color, obesity, physical deform-
ity, may provide a target. Bizarre behavior is the most frequent
target in social work and psychotherapeutic groups.

The scapegoater.—Here too we find a frequent element of purposefulness, a seeking out of a compatible object—in this instance, one that can be attacked. Indeed, the origin of the term is found in the ancient Hebrew practice of selecting once a year a goat upon whose head the sins and troubles of the people were symbolically laid.[14] The goat was driven into the wilderness, relieving the people, at least for a time, of their accumulated guilt and shortcomings. On an individual level, as we all know, people often have a need to get rid of impulses and self-perceptions which are guilt-producing or inimical to self-esteem. Where simple denial does not suffice and where other defensive maneuvers are not successful in maintaining psychic comfort, projection of ego-alien drives and characteristics onto another person may prove to be a rather convenient and satisfying operation. Bad, dirty, greedy, stupid, angry, weak, deformed, or dependent qualities of the self can be blamed on a visible and often acquiescent target. At the same time, punishment and ridicule of the scapegoat for his imputed badness provide vicarious relief for the guilt associated with the attacker's projected badness. Incidentally, the attacker may derive considerable secondary guilt-free gratification of hostile drives in the process. This latter phenomenon is noted particularly in persons who have strong moral tenets about being "good" but seem to find themselves continually confronted with evil which evokes their righteous indignation and wrath.

The other side of the coin is that, in addition to the need to reject and scorn these bad parts, the scapegoater usually wishes also to preserve, even cherish them. This cherishing becomes easier when the undesirable trait—and the onus—is figuratively riding on another person's back. Thus, the scapegoat may be both despised and loved, sometimes alternately, sometimes simultaneously. The former is typified in the Christ figure who is vilified and killed—and the blame for this is often fixed on "others"—then subsequently restored miraculously and deified. In this connection we note that the religious sacrifice is almost universally selected on the basis of his freedom from blemish, as an ideal representative of his species. Similarly, the scapegoater's use of the

[14] Leviticus, Chap. 16.

group clown or mascot shows his need to debase and dominate the ineffective, comical, or odd object and, at the same time, his desire to protect, preserve, and enjoy him. The loved scapegoat is seen most clearly in families where one member is identified as the "sick one" and is cuddled and catered to. Hostile feelings toward the sick relative may be denied vehemently even as his condition continues to deteriorate.[15] Conversely, all of us who have worked with groups have noted the extreme disappointment expressed by an overbearing group member when his punching bag fails to attend a meeting.

The second major dimension of the scapegoater's need is displacement. Since this includes the involvement of a third party—and note that we are moving from intrapsychic to diadid to group focus—we may say that external variables play a larger role in the process than in the case of projection. It assumes basically two forms: displacement proper and deflection. For our purposes, we think of displacement as the psychic maneuver whereby the scapegoater, unable openly and consciously to express negative feelings toward another person (group member or worker) because of his affection for, or fear of, him, splits his ambivalence and selects a third person (or persons), the scapegoat, to heap scorn onto. The selection may be determined by the visibility-vulnerability factor, or it may be related as well to an association factor, the similarities between the avoided object and the attacked one. Similarity may be defined not only on the basis of physical appearance, cultural background, behavior, and the like, but in terms of group role, even special proximity. We are reminded of how often the member who is seated next to the worker is attacked by other members; sometimes out of jealousy, to be sure, but often as a target close enough to the power figure to satisfy but a lot safer.

Deflection may be thought of as a diversionary technique and is commonly associated with the familiar phenomenon of the pecking order. The individual, in order to avoid attacks from his peers, or in order to preserve his position in the group hierarchy, attempts by labeling as undesirable something pertaining to his

[15] Vogel and Bell, *op. cit.*

victim or by attacking him to induce others to attack or devalue the person. This finger-pointing operates with varying degrees of complexity and subtlety. At times it may be as obvious as saying, "So what if I struck out three times? That dope Harry forgot to touch the bag when he rounded third." It is traditionally recognized that the low-status person often attempts to find a group member even lower on the totem pole onto whom attack can be deflected; the scene of a group enjoying a fight between the two bottom echelon members is a familiar one. Less recognized but fairly prevalent are the adroit manipulations engaged in by high-status persons as they juggle staff positions and personnel in order to preserve or improve their own status. Note in this regard the tendency in some social systems for persons in authority to surround themselves with associates who are censurable or dischargeable in times of crisis or dissension. It is interesting, for example, that the assistant principal of a high school is often assigned the role of disciplinarian, and thus becomes the major target of anger for students and parents.

Congruence of target qualities and attacker's needs.—Other variables or interpersonal sets which in correct combination tend to produce scapegoating are such things as age, sex, and certain conditions of cultural, psychic, and physical stress: latency age boys attacking an effeminate boy; adolescents ridiculing peers who dress "differently" or who have physical peculiarities; adult cerebral palsied groups characterizing paralytic polio victims as "pushy"; psychiatric patients attacking bizarre or "sick" behavior on the part of a fellow patient; Negroes applying derisive labels to fellow Negroes with darker skin or kinky hair. These conditions may intensify, diffuse, or change focus with time, growth, or alteration in extra-group conditions.

THE GROUP DYNAMIC

As we have said, both individual and collective needs are met through the process of scapegoating, and it may function in the establishment and maintenance of group stability.

Group equilibrium.—At the risk of being accused of oversim-

plification, we see an analogy between the psyche's need to preserve its integrity by maintaining a balance among conflicting internal drives and the group's need to do the same, albeit on a vastly more complex level. The network of interpersonal relationships which serves the needs of the group members presumes among other things a balancing between unifying positive and divisive negative affects. Where the equilibrium is threatened, so may be the ability of the system to meet personal needs. One means for keeping the system in balance is to find an object external or internal to the group onto which disequilibrating tensions can be displaced.

Focus and locus.—What kinds of problems, tensions, and images are inimical to the group and where or to whom are they affixed? Examples of problems and tensions which provide a focus for scapegoating are: fear of entering into a group; anger toward, or fear of, the worker's power; fear of having weakness exposed; anxiety over affectionate feelings toward others; and interpersonal power arrangements. Locus dimensions are virtually endless and elaborate geometrically as group numbers and outside influences increase. The most familiar locus for scapegoating, of course, is the group as a whole picking on one member. However, if one accepts projection and displacement as basic mechanisms operating in scapegoating, it is easy to visualize a locus paradigm including the ordinates of member, subgroup, total group, worker, and outsiders, and predict all the combinations possible. We note, for example, how often in very cohesive groups potentially divisive and antisocial sentiments are displaced and projected onto a rival group, a nationality, "them," or the devil. Similarly, workers are familiar with subgroup scapegoating subgroup.

Once again, congruence of focus and locus determines to a large extent the efficacy of the scapegoat maneuver as a group-preserving technique. That is to say, if the focus of concern of the group is fear of physical awkwardness and there happens to be a particularly awkward youngster in the group, he is likely to be the locus of strong and consistent scapegoating, and considerable efforts to preserve him in this role may be exerted, even to the point of giving him subtle rewards to insure that he does not

buckle under the pressure and quit the group. The converse of this situation, of particular interest to those who are involved in promoting the inclusion of the deviant or isolated child in the normal group or community, is that the character of the deviant's pathology may determine the area or focus of scapegoating and actually influence the tone of the total group experience.

THE INDIVIDUAL SCAPEGOAT AND THE GROUP

When considering the range of relationship patterns which develop between the individual scapegoat and the group, their effectiveness for all concerned, and their relevance for therapeutic intervention some typical sets may be delineated.

1. *Ostracism.*—Driving out the symbol of what is distasteful or threatening to the group equilibrium and image may be only temporarily functional. Unless the memory of the excluded member can be effectively preserved and used, it may soon become necessary to find a new scapegoat. We note that recalling the faults of the former member becomes increasingly difficult and, without some attending ritual (such as a humorous song elaborating his failings) or material symbol (perhaps a picture or personal possession), tends to lose its power to satisfy or relieve projective needs. The only exceptions to this condition are found where the disparity between group and scapegoat is so great as to make continued association on any basis intolerable, and where the group subsequently finds another outlet for its tension or another means to resolve its intragroup problem.

2. *Institutionalization.*—A permanent place is made for the scapegoat in the dynamic equilibrium of the group. Pain inflicted on the victim is balanced carefully by social, emotional, or material reward. Easily identifiable examples of this arrangement are the perpetual club buffoon, the grateful errand runner, the team mascot, and so on. Sadomasochism may on the characterological level provide an important underpinning in this *modus vivendi*. Intervention potential in these cases is low, and the group equilibrium tends to be static with little flexibility in roles and little individual or group growth evident.

3. *Encapsulation.*—In this process the deviant is isolated within the group. In relation to the emotional structure of the group, he is a satellite, held suspended by the gravitational force of the worker on the periphery of the interactional network. This is a tolerable and often stable arrangement, particularly when the potential scapegoat is nonprovocative or emotionally detached. The group's guilt and sense of responsibility are satisfied. The deviant's needs are minimally met. Interaction and mutual threat are minimized so long as distance is maintained and no new pressures enter the system.

4. *Introspective inclusion.*—Attack includes active examination of what makes the deviant "tick" and is usually followed by self-examination. This represents a movement away from the previous three static positions, and one notes attempts on the part of scapegoaters to get reactions from the scapegoat. A desire to understand the victim's behavior usually indicates a willingness to identify with him and examine one's own problems.

THE CHANGING CHARACTER OF SCAPEGOATING

The focus and locus of scapegoating may change as various group developmental tasks and crises are encountered.[16] Examples of this are: rejecting the member who demands a great deal of closeness during the preaffiliation stage; picking on the member who appears physically weak or inept during the power and control stage; ridiculing the member who is most dependent or jealous during the intimacy stage. In the fourth stage of differentiation or cohesion, intragroup scapegoating should be at a minimum, although it is not uncommon for group members to emphasize at this time the inferiority of other groups. In the stage of separation, previous scapegoating themes and targets are likely to recur, sometimes in rapid and rather random succession. Also, members who indicate pleasure over the group's termination are liable to attack for rather obvious reasons.

[16] The concept of group development upon which these remarks are based is from James A. Garland *et al.*, "A Model for Stages of Development in Social Work Groups," in Saul Bernstein, ed., *Explorations in Group Work* (Boston: Boston University School of Social Work, 1965), pp. 12–53. Five sequential stages are proposed: preaffiliation; power and control; intimacy; differenation; and separation.

Intensification of scapegoating or change in its quality or direction often presages developmental shifts or crises.

Similarly, we expect that scapegoating will generally decrease in intensity and frequency and that anger as well as affection will be more evenly shared among members as developmental plateaus are reached and as the group matures.

REVERSING THE SCAPEGOATING PATTERN

There are general conditions that operate for and against healthy resolution.

As is true in reversing most pathological patterns of adjustment, one must consider first the satisfaction that sickness provides. We have indicated how both attacker and scapegoat derive mutually reinforcing gratifications from their sadomasochistic contract. Second, when hierarchical pecking orders are involved, investment in self-protection adds further psychic cement to the compact. Third, the defense of denial seems to be particularly difficult to penetrate. We have referred to the frequent assertions on the part of the scapegoat that "it doesn't hurt." Attackers, often in concert insist that the scapegoat "doesn't mind it" or that "we're only fooling." Fear of identifying consciously with the scapegoat or of being compared with him also makes it necessary to deny that he has feelings or that he is like "other people." Finally, outside pressures (family tensions, community threats, academic failure) not subject to alteration or diminution by the worker or group may provide continued impetus for preservation of the *status quo*.

One could make some naïve but basic assumptions:

1. In refutation of our previous point, preservation of the myth of the scapegoat's insensitivity and inhumanity becomes difficult when it is exposed to rational examination. As attack intensifies, it becomes difficult for the target not to admit pain at some point, or for attackers, when confronted, to maintain their position indefinitely.

2. Moral values of most people create pressure against "picking on people."

3. The multiplicity of group relationships offers diffusion and

deintensification of both positive and negative cathexes; emotional escape hatches, so to speak. Note, for example, how often in adolescent groups "ragging" or "cutting down" directed at one youngster turns into a general humorous session where everyone gets his knocks in turn. With effective manipulation by the worker, displacement and deflection may be employed to break up pathological patterns as well as to preserve them.

4. There is an inherent propensity for change and growth in most individuals and groups.

5. There is also a tendency toward cumulative causation, for change to feed itself. As the deviant begins to act more appropriately, others tend to fear him less, accept him more. He, in turn, may respond to their approval, make attempts toward *rapprochement,* and so on. Strategic factors in this reversal process include: (a) choosing points of leverage in the system; (b) choosing appropriate techniques; and (c) timing and pacing.

How do we go about resolving the problem of scapegoating? There is a range of possible interventions.

1. *Squashing.*—Scapegoating behavior may be stopped by moral sanction and threats and permitting no other consideration. This is probably undesirable on ethical grounds and unsuccessful practically. It frequently involves counterscapegoating on the part of the worker as he, the "stronger," imposes his will on the members, the "weaker," drives the problem underground, and invites battle.

2. *Composition.*—While at first glance it might seem safer to pair the potential scapegoat with "healthy" peers, experience indicates that where there is little basis for mutual indentification, we can hope for only an encapsulation or satellite arrangement. More successful in the long run, though initially more productive of strife, is the practice of involving other members who, while "healthier" than he, are not so dissimilar from the deviant in emotional maturity and achievement level as to prevent empathy and who at the same time represent desirable models for emulation.

3. *Giving information.*—Information regarding the deviant's behavior prior to the groups's beginning may be helpful. At the

Department of Neighborhood Clubs, the practice has been to give data both to parents and children regarding certain parts of the background of a disturbed child referred to a club and the behavior that can be expected of him. The prediction that the normal members may react more positively to the child if he is disguised as "one of the gang" usually proves to be wishful thinking on the part of the group worker and may indicate as well a measure of denial. More often than not, when information is given, there is some initial shock and anxiety displayed by the parents and children followed by curiosity and then by the revelation of some of the problems they themselves are having. Thus, in formed therapeutic groups, the stage may be set to preclude scapegoat formation by dispelling confusion and myths about the deviant member's behavior and a progressive diminishing of the fear that their own problems are shameful or ununderstandable or must be hidden. We know that this initial information tends to be forgotten for defensive reasons for the initial period of group association and at times may even exacerbate scapegoating for a while. However, in general, both denial and acting-out are significantly diminished, and the stage is set for open exploration of feelings and behavior of the normal members as well as of the deviant.

4. *Protection.*—The worker should intervene to prevent physical or psychic harm to the scapegoat or loss of control, especially during the time when power and control issues are most dominant. On the other hand, continual defense of the scapegoat to the exclusion of interaction may result in counterscapegoating (and countertransference) at worst and satellite formation at best. It is on this issue that the worker must be most nonjudgmental and, where possible, benign. He should be solicitous of the needs and fears of the members who are doing the attacking, even in the face of denials on their part that the problem has anything to do with them.

5. *Diversion.*—Finding another outlet, either through physical activity (bowling, chasing grasshoppers) or by using another person as the target offers a diversion. The latter may be the worker himself (who is often, underneath it all, the "real" target) or, at times, generalized "outsiders." Usually picking on nonpresent

teachers, political undesirables, or foreign devils is only temporarily helpful, for the anger quite soon moves closer and closer to the group itself.

6. *Reducing interaction.*—This includes providing structure or activity to cut down contagion, stopping meetings to provide a cooling-off period, or limiting their length to preclude blowups.

7. *Ego support.*—Via skill training, feeding, and so on, ego support may be provided. Making attackers more secure, stronger, and less in need of "pecking" is probably the single most important long-range strategy since, as we have indicated, projection and displacement occur most in situations where the ego feels powerless to deal with issues of autonomy and competence. Workers are tempted to throw their energies into dealing with obvious attack phenomena and to protect the underdog. What is needed is confidence on the part of the worker to intervene instead into the background issue of bolstering self-confidence through help in developing activity skills or acquiring autonomy through making decisions about group affairs.

An alternative is to make the scapegoat hardier, more competent in his own eyes and in the eyes of the group. This may include, for example, some extragroup practice in achieving skill in a high-status activity (guitar playing in an adolescent group) or in an aggressive activity, which may have implications for his ability to defend himself from attack or to bear up under the normal wear and tear of group life.

8. *Clarification.*—The technique of clarification has to do with direct identification of behavior and its meanings on the conscious and preconscious level. Depending on what the group is ready for, the clarification may be accomplished with progressive specificity, directness, and depth. For example, the following comments may be made in response to provocation by the scapegoat and attack by the group: "Guys get excited sometimes." "We seem to be excited." "What do you think of Joe?" "Why do you think he acts that way?" "What is it that he does that upsets you?" "Aren't we all worried about this problem?" Where possible, the worker should identify the real source and target of the

anger: help the group to recognize and express their anger at the worker for being late which has been repressed and displaced onto a member. This general area should include building up a repertoire of labels for affect-laden situations and important relationships. We note phrases which have special meaning to the collective life of the of the members, such as: "Al's gettin' itchy again." "We're picking substitutes again." "Don't pull a cover-up."

9. *Allowing scapegoating to flower.*—In bringing the scapegoating into sharp focus and allowing clarification of underlying emotions, the group worker must be sure of his ground and of the limits of the controls of the group members. He must also be aware of his own countertransferences, lest he throw the scapegoat "to the wolves." On the other hand, this approach has the value of not distorting or watering down interaction.

10. *Helping the group to control the scapegoat's behavior.* —When the group appear ready, the worker should transfer to them the objective control of the deviant's inappropriate behavior. This presumes a generally positive relationship and mutual identification between scapegoat and group. Assurance on the part of the group that they can exert some control over the scapegoat's upsetting or frightening behavior may increase their positive feeling for him and free the worker from the role of overprotective parent. Also, reality testing on the part of the deviant is likely to be more successfully accomplished when confrontation proceeds from supportive peers than when it is associated with the worker.

11. *Playing out the scapegoat process.*—As is true with all interpersonal relationships, scapegoating can be acted out symbolically through "it" games, chasing, secret-keeping, aggressive competition, and conscious role-playing. Affording opportunities for experimentation with a variety of attitudes and feelings in a safe, nonretaliatory make-believe fashion provides release and diffusion of emotions, reality testing, social skill development, and sublimation, and induces empathy and identification.

12. *Removal of the scapegoat.*—Realizing the limits of tolerance and potential for identification and growth, temporary or permanent removal of the scapegoat must be considered. In this

event, care should be exercised to explore feelings of guilt and phantasies that the group may have about what they have done to the scapegoat. He on his part will require help with his feelings of badness, failure, or omnipotence. This is a drastic measure, and the possibility of reforming a whole group for the nonreferred members as well as for the deviant youngster should be kept in mind.

Close observation and experimentation with these and other methods are needed to achieve better understanding and control of the pervasive and disturbing phenomenon of scapegoating.

Welfare Rights Organization: Friend or Foe?[1]

by ANATOLE SHAFFER

A VERY REAL DILEMMA CONFRONTS welfare administrators and welfare workers around the country. That dilemma is how to deal with organized criticisms and demands upon the welfare system from its clients and their allies.

Criticism and attack are not new phenomena in public welfare. Since the passage of the Social Security Act, critics on the political right have constantly sniped at the programs as "giveaways"; "havens for the lazy, the indolent, the chiselers"; "programs designed to encourage unwillingness to work"; "encouragements to immorality and rewards for illegitimacy." The persistence of the attack, the nature of the attackers, and the content of the complaint have almost made such attacks on the welfare system not only expected but accepted as well. This acceptability is not to suggest that those of us who are concerned about public welfare enjoy or agree with the attacks. Rather, the acceptability seems to flow from the fact that, by and large, the attacks have not significantly affected the welfare system and as such do not cause great alarm. For example, when a local newspaper begins to fill its pages (usually just prior to budget time) with insinuations, questions, and innuendo relative to the welfare department and welfare recipients, it is not unusual to hear workers making light of

such attacks with comments like, "Here they go again"; "Won't they ever learn?"

Welfare administrators may get somewhat more nervous in view of problems attached to the budget process, but generally they too seem to accept the attacks, relying on the "protections" of the *Federal Handbook* to guarantee that minimal change will result from such attacks. In some instances administrators respond by becoming more restrictive in policies and procedures. Such a policy is often justified by reasoning that suggests that restrictions will blunt the thrust of the attackers. The strategy is often quite effective since we become indistinguishable from the attackers!

A somewhat new approach is one in which an attempt is made to convince the business community that welfare is good business. Cooperation by a county welfare department, the chamber of commerce, and a local newspaper produced an ad in the paper which suggested that a soon-to-be-opened welfare office was good for the community because it would mean fifty more jobs (social workers) and 50 percent more business for retail and wholesale outlets. It also suggested that there would be an end to uncollected bills. The ad made no mention of the needs of the people to be served.[2]

Recently, however, a new group of critics has appeared. This group is neither expected nor acceptable. Rather than reflecting the "conservative" ideology of the political right, the new critics include respected professional social workers, welfare recipients, lawyers, and civil rights activists.

The "within-the-family" character of this criticism makes it more difficult to ignore by labeling it as "expected," because it is not. These new critics are not raising the cry of immorality, illegitimacy, and indolence. Their criticisms cannot be handled by quoting statistics to the effect that chiselers constitute less than one percent of the caseload; or the fact that x number of recipients go on and off the rolls each year; or that the welfare department's procedures are in reality quite stringent; or that welfare actually costs less than 5 percent of the tax dollar; or even by try-

[2] California State Department of Social Welfare, *Directors Newsletter*, Vol. II, No. 10 (1966).

ing to prove that welfare payments are quite low. These responses are inadequate because on the one hand they are known intimately by the critics, and on the other hand they are the very substance of the criticism.

Although there is some variance among the critics, there seem to be five main criticisms.

1. *Income maintenance.*—The critics point out that although a primary function of public welfare is to provide cash payments to persons in need, there is good evidence to suggest that the aid is inadequate. Only one of every four poor people in the United States receives public assistance; those who do, receive amounts which are significantly below the minimum level suggested in federal poverty guidelines. Thus, the national average welfare payment to a family of four in 1966 was $1680. For an Old Age Assistance recipient it was $970, for a blind recipient, $1100; and for the disabled, $910.[3] Predicating the system on a means test limits the possibility of meeting the income-maintenance function and is degrading, wasteful, expensive, debilitating, and often punitive.

Although there is no clear-cut agreement among the critics as to how to correct these faults, there is agreement that the present approach should be replaced by some system which would guarantee all Americans an income at substantially higher levels than public welfare presently provides. The critics also argue for a system that guarantees income levels as a matter of right and without the odious means test. At the least, it is proposed that affidavits replace the means test and realistic adequate cash grants replace the present budgeting process. Some have suggested handling the entire program in much the same manner that social security is administered.[4]

2. *Personal degradation.*—Related to the problem of income distribution and the concomitant absence of financial resources is

[3] Edwin A. Day, *Welfare: Guaranteed Poverty* (Washington, D.C.: Poverty Rights Action Center; no date) ; Alvin L. Schorr, "Alternatives in Income Maintenance," *Social Work*, XI, No. 3 (1966) , 22–29; Alan D. Wade, "The Guaranteed Minimum Income: Social Work's Challenge and Opportunity," *Social Work*, XII, No. 1 (1967) , 94–101.

[4] Bernice Madison, *Toward a Guaranteed Annual Income* (Walnut Creek, Calif.: Contra Costa Council of Community Services, 1967) .

the degradation which public welfare visits upon the welfare recipient. The critics agree that the present application procedure strips the individual of dignity. Loss of self-respect and of the feeling of self-worth is synonymous with receiving public assistance. The recipient has a sense of being cut off from the larger society; of losing control over himself; of feeling that he must constantly report to someone; and a growing frustration which comes from being dependent upon the welfare.[5]

Although to some, this personal degradation is due not to the system but to some inherent disability in the individual which caused him to seek aid from the welfare department,[6] it is becoming increasingly apparent that such dependency is actually a systemic imperative clearly shown in this statement by a welfare administrator: "If jobs cannot be found in [the recipients'] community of residence but are available elsewhere, we will expect them to move—voluntarily or involuntarily." [7] Charles Silberman suggests that

the failure of the enormous American social welfare effort stems from . . . the social workers' preoccupation with doing *for* people instead of doing *with* them—a preoccupation that destroys the dignity and arouses the hostility of the people who are supposed to be helped. All too often, social services are motivated by a sense of superiority, a patronizing "white man's burden" attitude that would offend the most thick-skinned slum dweller.[8]

Silberman suggests that American social welfare is a system of "welfare colonialism." To exemplify this he quotes Raymond Hilliard, former Director of the Cook County Welfare Department, as saying:

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[5] Earl Raab, "The 'X' Factor: One Key to a New Welfare Approach" (Welfare Study Commission, 1964; mimeographed) ; Earl Raab and Hugh Folk, "Patterns of Dependent Poverty" (Sacramento: California State Board of Social Welfare, 1963; mimeographed) .

[6] Davis McEntire and Joanne Haworth, "The Two Functions of Public Welfare: Income Maintenance and Social Services," *Social Work*, XII, No. 1 (1967), 522–31. This article reviews the problem of the service component in public welfare. See also Wade, *op. cit.*, pp. 96–98; *Having the Power, We Have the Duty* (Washington, D.C.: Department of Health, Education, and Welfare, 1966) , pp. 47–65.

[7] Harold Swank as quoted in Wade, *op. cit.*, pp. 98–99.

[8] Charles E. Silberman, Crisis in *Black and White* (New York: Random House, 1964) , p. 313.

Society stands in the same relation to [the recipient] as that of parent to child. . . . Just as the child is expected to attend classes, so also the "child-adult" must be expected to meet his responsibility to the community. In short, "social uplifting"—even if begun on the adult level—cannot expect to meet with success unless it is combined with a certain amount of "social disciplining"—just as it is on the pre-adult level.[9]

These comments make it almost unnecessary to ask whose dependency problem we are dealing with, the recipient's or the system's. Would "ego redevelopment" be necessary if we did not engage in a process of destruction to begin with? Some might argue that Hilliard's position is unrepresentative or extreme. Let us then ask what is the effect on people of midnight raids; "police-state" investigatory methods so common in public assistance; legal denial of the right to relations between men and women by virtue of welfare status; and the demand that a doctor's note be obtained before a special needs allowance can be made to buy rain-wear for children so they can attend school. It should be apparent that the system operates to destroy the person.

3. *Lawlessness.*—Related obviously to the question of personal degradation, but significant enough to justify separate consideration is the problem of lawlessness in the welfare system. Such lawlessness does not refer only to the violations of the law and of client rights that are perpetrated by the caseworker or county department. Rather, the criticism is aimed at the system itself and suggests that lawlessness is inherent in such matters as residency requirements which violate the citizen's constitutional rights to cross state boundaries without penalty; in suggesting that relative responsibility rules constitute a double taxation in that the responsible relatives have already paid taxes to support state and federal programs; and in the increasing work relief and so-called "vocational training" programs which often do not differ greatly from peonage.[10]

In the area of personal relations, the system also invades citizen

[9] *Ibid.*, p. 314.

[10] Richard A. Cloward and Richard M. Elman, "Poverty, Injustice and the Welfare State," *The Nation*, February 28, 1966, pp. 230–35, and March 7, 1966, pp. 264–68.

rights. Dr. Jacobus tenBroek recently reported on an ordinance adopted by a California county which made it a crime, punishable by a $500 fine and/or six months in jail, for any person to go anywhere with someone for the purpose of having sexual intercourse, if the persons are not married. Dr. tenBroek commented:

> The City Fathers were not content with prohibiting the commission of the act itself. Resorting to the specified places for the purpose of committing the act was made the crime. Nor need the purpose be shared by both parties. An intent in the mind of either one of them is sufficient.
>
> Almost needless to say, the application of the ordinance was not so sweeping as its geography and psychology. Quite the contrary, its application was selective and discriminatory. Only Aid to Needy Children mothers and those found with them knew its penal sanctions. The methods of enforcement were those associated with the law of crimes. Investigation on nothing more than suspicion or gossip, detectives operating in teams, night raids, simultaneous approaches to the back and front of the house, guns conspicuously displayed on hips, securing entry, inmates interrogated at length and notes taken, the entire house searched without any particular care to secure permission, men and sometimes ANC mothers arrested and hauled off to jail—all of this too, in the presence of the children to many of whom the episode must have come as a frightening and even traumatic experience—all of this, too, in the presence of the constitutions of State and Nation providing for the rights of individuals, the privacy and security of residents in their persons, houses, papers and effects. All of this in the presence of the Fourteenth Amendment declaring that "No state shall deny to any person within its jurisdiction the equal protection of the laws." [11]

If the charge of lawlessness is not sufficiently supported, then consider the legislation in Louisiana which denied aid to women who had illegitimate children while on welfare. This legislation resulted in 20,000 mothers being removed from the rolls. In Florida, women could either surrender their illegitimate children for institutionalization or be dropped from the rolls. Thousands elected to keep their children. In Michigan there was a similar

[11] Jacobus tenBroek, "The Two Nations: Differential Moral Values in Welfare Law and Administration (American Orthopsychiatric Association, 1966; mimeographed), pp. 4–5.

situation with the additional factor that mothers who chose to keep their children were taken to court on charges of physical neglect.[12]

If the case is still not established, then again consider midnight home visits; or the failure of workers to inform clients during home visits of their constitutional rights not to testify against themselves; or the worker who said to a client, "Don't leave your blinds down during the day because I'll think you have a man in there"; or the denial of assistance to people while their cases are being appealed; or housing authorities being allowed by welfare departments to charge welfare recipients up to 40 percent of the income for rent while families with similar incomes pay only 20 percent; or the requirement of loyalty oaths; or the arbitrary denial of aid based on the interpretation of the case made by intake workers; or violation of confidentiality by providing information to agencies without the permission of clients.

4. *Social services.*—The last major area of criticism has been the growing trend, especially since the 1962 amendments, to link social services with income maintenance. To some extent it has become mandatory that welfare recipients receive social services as a condition to receiving a grant. In fact, on July 1, 1967, it will be necessary for welfare departments to reduce individual caseloads to a maximum of sixty in order to meet federal requirements. This reduction is being demanded so that social service may be increased. The introduction of vocational counseling as a requirement for aid; the emphasis on training social workers in county training programs to "dabble in other people's psyches"; the cramming of case records with language which describes clients as "character-disorders," "hostile-aggressive personalities," and a host of other psychodiagnoses, all point to the growing insistence on social service (and a particular brand of social service) as a condition of receiving public assistance. Elman has referred to this approach as the ideology of "presumptive pathology." [13] This

[12] Cloward and Elman, *op cit.*; Richard A. Cloward and Frances Fox Piven, "A Strategy to End Poverty," *The Nation*, May 2, 1966, pp. 510–17, and "The Birth of a Movement," *ibid.*, May 8, 1967, pp. 582–88.

[13] Richard M. Elman, *The Poorhouse State: the American Way of Life on Public Assistance* (New York: Pantheon Books, 1966), p. 290.

insistence that the client receive casework services, regardless of need, desire, or awareness that this is occurring, is illustrative to me of the increasing social service orientation and bad social work practice of public welfare.

Whereas there is general agreement among the critics on prob-lems of inadequate income, personal degradation, and lawlessness, the major source of complaint in regard to service being linked to income has come from the welfare recipient groups themselves. This is not to suggest that professionals have also not expressed concern. It is only to point up that the criticisms are not raised equally by all the critics although they are to some extent gener-ally shared.[14]

This brief review is presented as a backdrop against which we might begin to understand the fervor and dedication with which the new critics seem to hound and plague the welfare system on federal, state, and local levels. Let us consider how these criticisms are translated into action designed to effect change.

There are essential and fundamental differences in the ap-proach of, and the channels available to, the "new critics." These differences result from the varying status and options which are available and adhere to the different groups as they make their case. Although a significant alliance in regard to position and ac-tion is beginning to occur among the groups, this has been a fairly recent development.[15] The Welfare Rights movement should be seen as a synthesizing the different positions into a sin-gle force. Each strand of criticism has begun to move toward the others from different starting points and with different views, but with a slowly developing and common goal.

By and large, social workers have chosen traditional means for expressing their concern and initiating a push for change. A pri-mary thrust has been the publication of books and articles aimed at molding professional opinion in the hope that change would

[14] *Goals of the Welfare Movement* (Washington, D.C.: Poverty Rights Action Cen-ter, 1966; mimeographed).

[15] Joseph E. Paull, "Recipients Aroused: the New Welfare Rights Movement," *Social Work*, XII, No. 2 (1967), 101–6.

result. Articles by professionals have begun to appear in more general magazines and periodicals, such as *The Nation*,[16] as well as in the journals.

There are, however, indications that professionals are moving beyond the traditional methods in seeking change in the welfare system.

The most recent NASW social policy statement calls for the abolition of the means test, for uniformly adequate levels of income as a matter of right, and for provision of payments in a dignified and efficient manner.[17] Individual social workers have also taken direct and personal action which has focused attention on problems and galvanized broad support. For example, Benny Parrish refused to participate in night raids ordered by the Alameda County Welfare Department. The department fired him. After the case had spent several years in the courts, the California Supreme Court ordered that he be rehired, with back pay, since a worker cannot be ordered to violate the constitutional rights of recipients.[18]

Group action is also taking shape. Recently the California Council of NASW gave $5,000 to the California Welfare Rights Organization (WRO) to assist with organizing recipient groups and to enhance the effectiveness of these groups in lobbying for changes in state and federal legislation. In Contra Costa County the California Social Workers Organization has volunteered its services to the WRO to provide teachers for the freedom schools. The schools teach the welfare law and manual to clients and inform them of their rights. Finally, the revitalized social work unions have raised these issues as union issues with the Welfare Administration.

Lawyers have also tended to become engaged in the "new criticism" because of a professional relationship. As welfare clients

[16] Cloward and Piven, "The Birth of a Movement"; Richard A. Cloward and Richard M. Elman, "Advocacy in the Ghetto," *Trans-Action*, IV, No. 2 (1966), 27–29; Paull, *op. cit.*

[17] National Association of Social Workers, *Goals of Public Social Policy* (rev. ed.; New York, the Association, 1966), pp. 53–54.

[18] Golden Gate Chapter *NASW News*, May, 1967.

have sought legal assistance in processing appeals or in defense against fraud prosecutions, lawyers have become increasingly concerned about the constitutional questions involved in the welfare program.[19] As can be expected, their major channel has been that of seeking redress of client grievance in the courts. Out of this approach have also grown various group efforts, including the Mobilization for Youth legal services program; [20] neighborhood legal services under the auspices of the Office of Economic Opportunity (OEO); the project on social welfare law at the New York University Law School; [21] and the announcement that the New York State American Civil Liberties Union will be making legal counsel available in welfare cases because of the civil liberties questions involved. Although the legal profession tends to focus on legal redress, the presence of attorneys in alliance with the new critics adds a new dimension to the criticism.

The third force is the civil rights movement. The legal defense fund of the National Association for the Advancement of Colored People (NAACP) has announced its plans to enter the field of welfare law. The NAACP is probably responding to what was told me by a colleague who spent a summer in the South studying welfare practices under a grant from the Department of Health, Education, and Welfare. She reported that not only is public welfare a segregated service in the South, but it is inequitably applied along racial lines. Thus, in at least one state, Negro women are removed from the rolls for refusing to accept field work (even though they may have no prior experience), while white women are not even requested to accept field work because it is not their "normal" occupation. In some states, the threat of removal from the rolls is also used to prevent association with civil rights activity.[22]

[19] Jacobus tenBroek, ed., *Law of the Poor* (San Francisco: Chandler Publishing Co., 1966); *Law and Poverty* (Sacramento: California State Department of Social Welfare, no date).

[20] Charles F. Grosser and Edward V. Sparer, "Legal Services for the Poor: Social Work and Social Justice," *Social Work*, XI, No. 1 (1966), 82.

[21] Gertrud Mainzer, ed., *Welfare Law Bulletin*, New York University School of Law, Project on Social Welfare Law/Arthur Garfield Hays Civil Liberties Program, No. 1 (1965).

[22] Personal communication from Klo Ann Amacher, Field Work Instructor, School of Social Welfare, University of California, Berkeley.

The Congress on Racial Equality, the Student Nonviolent Coordinating Committee (SNCC), and the Southern Christian Leadership Conference have found that they must become involved in welfare problems since these are inseparably bound to civil rights efforts in the urban Negro ghettos. A couple of years ago an urban project undertaken by SNCC resulted in the organization of the first formal WRO in San Francisco. Other activist groups have cooperated with and undertaken joint action with welfare rights groups in Chicago and New York. The effect of the civil rights movement on the welfare rights groups is also clearly seen in the adoption of direct-action tactics of sit-ins and the exercise of legally guaranteed rights.

Unlike their allies, recipient groups do not have the professional or community status and acceptance which provides access to the decision-making councils in the welfare field. Entree to journals and magazines is generally not directly available except in some of the underground newspapers and other vestiges of the muckraking tradition (Los Angeles *Free Press,* Sunday *Ramparts*). They do not know *about,* or else generally cannot afford, the legal services which have become an essential part of negotiating the bureaucratic maze which protects the welfare system. The recipients have only themselves. But the very act of coming together requires great strength in overcoming the fear that resisting the excesses of the welfare system will result in being discontinued from the rolls without any alternative means of support. (Such a threat is implied when a welfare department tries to prevent organization by insisting that it will only talk to an individual client about client problems.) Finally, the toll exacted by the welfare system—dependency, fear, and apathy—has convinced many recipients that they are, in fact, weak, sick, that they cannot organize, will not be heard, "can't fight city hall." [23]

[23] Scott Briar, "Welfare from Below: Recipients' View of the Public Welfare System," in tenBroek, ed., *op. cit.,* pp. 46–61. This study done in Contra Costa County reports the views of recipients regarding other recipients and suggests that they have more conservative attitudes regarding welfare than do social workers. It strikes us that although the general community conservatism is reflected in recipients as well, recipients may be especially reactive to the combined behavior of the social workers and the feeling that being on welfare is equivalent to failure. It is this sense of failure which is most telling in the feeling of helplessness.

With this in mind, it is amazing that welfare rights groups ever form. And yet, the excesses and the control function of the welfare system which produce this personal disintegration and the recipients' absence of resources beyond themselves, as well as their potential organized strength, seem to be the very forces which combine to create the welfare rights groups. If the clients are to participate in effecting changes, they can do so only by using the only resource they have, their numbers (present and potential).

The existence of the alliance stimulates the belief on the part of some that recipient groups are the product of a conspiracy between professionals, civil rights activists, and agitators. However, it should be kept in mind that the first known welfare rights group was organized in Alameda County in California in 1962. The course of organization was very simple. As told by a leader of the Alameda WRO:

A 38-year-old woman with 7 children was living on AFDC. Fire struck her house and her roof burned off. When this was reported to the welfare department, the social worker decided to hold up the woman's check because she was "living in unfit housing." The woman tried many times to reason with her social worker telling her that she desperately wanted to move but that she needed money to move. But the worker's response was, "I'm sorry, but the longer you wait to move, the harder it will be on you." And it did get harder and harder on her; besides going without food, without beds and extra clothing (these had been burned in the fire) and without hope, the rains began and she was without a roof. A social work student at the University of California, Mrs. Ellie Harawitz, happened upon this situation, and together with the woman went to the welfare department and questioned them about the legal basis of the action. As it turned out, there was no legal basis for holding up the check; the worker had just been trying to provide the woman with an incentive to move faster. The check was then released because they had no right withholding it.[24]

As a result of this one experience, Mrs. Harawitz and the woman in the burned-out house sought out other welfare recipients and began to identify their concerns and problems. They made visits to the welfare department to confront the workers

[24] Ellie Harawitz, "The Welfare Rights Organization of Oakland," *Despite Everything*, II, No. 3 (1965), 3.

and the supervisors who were engaged in a variety of other "incentive-producing" activities which violated the rights of welfare recipients.

The WRO in Alameda County grew rapidly in its early days. As reported by Mrs. Harawitz, there was never a day when the WRO was not engaged in advocating the rights of a welfare recipient before the welfare department. The primary source of strength of the organization came from the welfare recipients themselves, although additional stimulation and assistance did come from student groups and civil rights groups in the Bay area. Increasingly, the welfare department was concerned with the presence of the WRO and made it more and more difficult for the group to carry on negotiations to obtain the rights of the recipients. When the welfare department began a vocational training program which consisted of sending welfare recipients to the strawberry fields to pick strawberries in exchange for their welfare grants, the WRO decided it was time to end this type of incentive program and conducted a sit-in in the welfare department. In addition to ending the strawberry-picking plan, the sit-in established the WRO and demonstrated that organization could protect recipients from retaliation and harrassment.

The grapevine in the low-income community is a very long one. It extends in many different directions. It was not long before welfare rights efforts began to pop up in Long Beach, in Los Angeles, in Monterey County, in Contra Costa County. In each community the issue which provided the greatest stimulus for organization was different. In some it was housing and jobs, in others it was lawlessness and disinterest on the part of the welfare department. In each instance, the result was the same—the beginning of a welfare rights group among recipients.[25]

A second factor which fed the development of welfare rights organizations was the spread of the civil rights movement to urban ghettos of the North and the recognition that problems of housing, employment, and education were intimately bound to the welfare system as an agent of control. Growing concern with

[25] Sam Clark, "Memo on the Welfare Movement" (Washington, D.C.: Poverty Rights Action Center, 1966; mimeographed) .

effecting change in the systemic impediments to self-realization made welfare a prime target.

Perhaps the most important result of the development of welfare rights groups, however, has been the war on poverty. On the simplest level it provided funds and organizers, professional and nonprofessional, in low-income communities around the country. The importance of these resources cannot be too strongly stressed since they served to remove the pressures of fund-raising and similar activities from the groups, thus freeing them to devote their attention to programatic efforts, including advocacy services for members and organizational efforts aimed at changing programs and services. These programatic, as distinct from administrative, efforts are the lifeblood of the group in that it is these efforts that draw new members and strengthen the organizations' community roots. For example, the welfare rights groups are at their lowest ebb in terms of community importance and effect when their members devote themselves primarily to fund-raising to pay office rent, phone bills, and printers' bills. It has only been within the last few months that groups have begun to address the problem of a fiscal base built around membership dues and similar factors.[26] However, even under ideal circumstances, the fiscal resources of WRO members are severely limited and cannot produce funds at all comparable to those of professional associations or trade unions. This will remain a problem.

Perhaps of even greater importance than the fiscal and organizational stimulus of the war on poverty was the ideological stimulation. Of particular importance were two distinct but related thrusts. The first was the establishment, as a matter of national commitment, of the position that poverty is an anomaly in the wealthiest nation of the world and that major economic and social resources should be devoted to the eradication of poverty and its attendant ills. Although the continuing escalation of the war in Vietnam and the resulting cuts in domestic programs have clearly shown that the commitment was one of dubious strength, in the early days of the war on poverty the rhetoric served to help

[26] *NOW*, National Welfare Leaders Newsletter, May 2, 1967.

reawaken much of the social concern which flourished in our country prior to McCarthyism.

The second ideological product, and in some respects the most significant, was the phrase, "maximum feasible participation." Although in most communities the phrase continues to express a goal, its significance is critical. For the first time, there was recognition in law that without the active, direct participation in the planning, operation, and policy-making of services by the receiver of services, there could be no significant goal achievement for services.

Various attempts have been made to interpret (and weaken) the maximum feasible participation clause. In general, resistance to the concept is expressed in several ways. These include defining maximum feasible participation as referring only to employment. Therefore, it is sufficient (or even radical) to employ the poor as aides under the direction and control of the professional. Although employment is a major need of the poor, restricting them to aide categories where they function as extensions and purveyors of the existing system limits the possibility of change. Another interpretation often heard suggests that the concept is really a slogan which represents the American ideal of democracy. As such, it takes its place alongside God, Mother, and country, much spoken and little heeded. In many quarters the concept has been embraced as a goal and as such has often produced programs designed to train and uplift the poor so they will be mature and responsible when they, in the future, participate in the planning and conduct of social programs. This last, of course, cloaked in paternalism, is clearly an effort to maintain the *status quo* not only for the present but for the future as well, by "cooling out" the poor.

In some communities attempts to preserve the giver-receiver quality of social programs have run into difficulty as the poor and their allies have taken maximum feasible participation seriously. In these instances the struggle has been waged on all levels. The poor have demanded inclusion in planning, approval of programs, program conduct (through employment), and program

control through real representation on boards. In these efforts, with some notable exceptions such as the Mississippi Child Development Group, the poor have had the support of federal agencies, such as the OEO, which have delayed and refused program funding where the maximum feasible participation commitment has been abrogated or ignored.

The concept of maximum feasible participation is in reality not a difficult one to understand or embrace. It flows from the concept of people helping themselves to solve problems, a concept which is ostensibly central to social work practice. Further, the concept recognizes that in order to help oneself, one must have control over oneself. Such control is derivative of some form of power relationship to society at large, and for the poor such power is initially possible only through organization. There are, of course, many implications to this concept for public welfare in terms of its implied threat to existing political establishments: potential change in the community decision-making structures, and the resultant loss of power for some; as well as the potential demand for administrative reorganization of services and a total rewriting of the rules of the game.

The concept of maximum feasible participation has also added a new dimension to welfare rights organizations and potentially to the welfare system. In its earliest stages, the typical commitment of recipients in welfare rights groups revolves around the advocacy function and self-protection. Thus, the development of freedom schools, handbooks on recipient rights, programs of advocacy, and confrontation are typical of the group's program. The program is an effort to balance and equalize the relationship between the caseworker, who represents the full weight of the welfare establishment, and the client, who represents himself and possibly some hungry children. The quality of the thrust changes fairly quickly, however, when groups begin to realize that the problems with the welfare system are more than just problems of poorly trained workers or well-trained but bad workers, or evil welfare directors, although there are some of these. It is at this point that the organization begins to understand that no one sys-

tem could have as much wrong with it as this one system does unless there was something systemically wrong with the program. Basically, it is at this point that the organization while continuing to advocate individual rights begins also to attempt to engage in activities designed to change the system and begins to make alliances with those interested in guaranteed annual income, the establishment of clear-cut legal protections, unions, church groups, and others and also begins to acquire the sophistication which requires their involvement in political activity designed to include them in the planning processes of the welfare department and the reshaping of the program.[27]

Such demands are difficult for welfare agencies to relate to or understand. Many of the reasons for this difficulty have already been discussed. They include the perception of the client as pathological and therefore incapable of providing sound and realistic direction; pressures on the welfare department from existing power sources in the community demanding the control of the welfare recipient; the predictable resistance from persons with power to relinquishing any of that power; the unwillingness to accept change without knowing the outcome in advance and the desire to assess the outcome by present measures; the vested interest in the present system as one which the worker-administrator helped to create and therefore believes good; and in some extreme instances, the poor-law mentality of some administrators who believe they have an unchallengeable right to rule. The difficulties are compounded when the demands are presented in unorthodox and insistent ways. Sit-ins, job-ins, picket lines, and demonstrations; press conferences and mass appearances before governing bodies; assumption of social worker functions by welfare recipients who are knowledgeable about policy and procedures and who counsel their fellows and demand admission to casework offices; and personal hostility directed at administrators and workers are all guaranteed to upset the smooth operation of

[27] George Brayer and Harry Specht, "Mobilizing the Poor for Social Action," in *The Social Welfare Forum, 1965* (New York: Columbia University Press, 1965), pp. 197–210.

agencies. When the discrimination, arbitrariness, and failure of the system are highlighted, factors which are beyond the control of individuals, it becomes even more personally distressing for workers and administrators who must face their own helplessness.

The personal distress is heightened by the sense of helplessness and the very real counterpressures that are engendered by the activity of welfare groups. Characteristically, welfare departments handle these problems by warnings of backlash, references to "the taxpayers" or the John Birch Society and other political right wing groups. It is precisely because of the political pressure on welfare departments, that welfare rights organizations must provide political responses and operate in the political arena. Certainly, there is nothing shocking nor even radical in this proposal. It is the essential element of the American democratic process that is being proposed, namely, the political confrontation of groups with differing interests.

Why is it necessary for this pressure to develop as an outside force acting on the welfare department? One answer has been proposed, namely, the fact that the relationship between the welfare client and welfare department is, in fact, not equitable. If the force for change came from within it would very likely be absorbed and blunted. In addition to that, the welfare system, as a system, has operated in a manner which suggests that it is incapable of correcting itself. As one example, the development of group services to welfare clients under the auspices of welfare departments has tended not to produce change in welfare departments or in the creation of welfare rights groups, nor has it resulted in recipient group action. This strikes me as strange in view of the feeling, the anger, and the frustration of welfare recipients. In every situation with which I am familiar where welfare recipients have come together, they have come together to complain, to try to seek solutions to their problems with the welfare department and other agencies. An almost natural and necessary evolution takes place within these groups which produces an effort, no matter how short-lived, to confront the welfare department. Yet none of the reports about group services to welfare re-

cipients [28] discuss any development of activities aimed at redress of grievances or social change.

It would seem that this is so because the welfare department as a department cannot enhance, cannot support, cannot forward the interests of its clients when they differ from those of the established order. The clearest exposition of this position was stated by former Governor Brown of California when he vetoed a contract between the WRO and the State Department of Social Welfare. The contract was written under the so-called Shoemaker bill which permitted the welfare department to contract with welfare recipient groups for the provision of advocacy and change-oriented services. In the press release announcing his veto, Governor Brown said:

I am opposed to state government subsidy of groups formed primarily to bring pressure on state and local government under any circumstances. I believe such subsidy represents a fundamentally wrong use of public funds. . . . The fact is that this is an area in which any organization should feel equally free to take any position on any matter without governmental interference or assistance. . . . In short, I don't believe in paying welfare recipients to spend their time asking for more welfare benefits.[29]

While this action by Governor Brown can clearly be understood in terms of what he believed to be his own political interests in his then forthcoming run for reelection, it is also a clear presentation of the belief that the system cannot comfortably relate to outside forces which it cannot control.

The attractiveness of the outside quality of welfare rights groups, connecting where possible to the welfare department, and jabbing at it where necessary, is in the very fact that the welfare rights organization is an organization of recipients; it is their own organization. As an organizational structure, it allows recipients to support each other, and in the process of supporting each other, in the process of advocating each other's causes, in the proc-

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[28] Norman Fenton and Kermit T. Wiltse, *Group Methods in the Public Welfare Program* (Palo Alto, Calif.: Pacific Books, 1963), Department of Health, Education, and Welfare, *Helping People in Groups* (Washington, D.C.: Government Printing Office, 1965).

[29] Governor Edmund G. Brown, Press Release-DT-11897, August 9, 1966.

ess of effecting changes in the welfare system, it restores self-concept, it restores pride, it restores the sense of worth, which as we have described earlier, the welfare system tends to weaken. Beyond this, it provides the opportunity for true client self-determination through client-controlled group intervention in the system. It provides a means by which clients can begin to develop a political expertise and sophistication critically necessary and critically lacking in the low-income community. These thrusts cannot be contained inside the welfare system. In my view, the welfare system cannot accomplish its stated goals without such thrusts.

We have probably not found a general answer to our initial question even after a long and circuitous path. Let me simply end with a quote from Gunnar Myrdal who has said, "for its own health and even preservation an effective, full-fledged democracy needs movements of protest on the part of the underprivileged." [30]

[30] Gunnar Myrdal, *Challenge to Affluence* (New York: Pantheon Books, 1963), p. 39.

Automating Neighborhood Service Centers

by *JOHN K. HARRIS*

LIVING IN WASHINGTON, D.C., and being in close touch with many of the activities of the federal Establishment, tends to equip one with a biased perspective. I am a bit sensitive about *centers*. The term "center" is relatively meaningless unless it is related to a specific federal agency or to a specific piece of legislation. For example, Title III of the Elementary and Secondary Education Act calls for the creation of Supplementary Educational Centers, referred to in the trade as "Title III labs." Title IV of the same legislation calls for Regional Educational Labs, which are referred to as "Title IV labs," but employees of the Office of Education confide that the Title IV labs really are "more like centers."

When we visit the National Institute of Mental Health we discover its technicians discussing comprehensive community mental health centers, but we learn that these might, in some instances, be combined with neighborhood service centers. Over in the Labor Department the Employment Service has funded Youth Opportunity Centers and, more recently, Human Resources Development Centers and Comprehensive Manpower Service Centers. The Bureau of Apprenticeship and Training has designed apprenticeship information centers. The Department of Housing and Urban Development also has an interest in neighborhood service centers in terms of funding construction costs. The Bureau of the Budget is interested in neighborhood service centers from the standpoint of insuring functional program integration. It is not

only the Congress, however, and the Executive Branch that are fond of the concept of "centers." Universities have long enjoyed them. Massachusetts Institute of Technology and Harvard have a Center for the Study of Urban Problems; Brandeis has a Center for Studying Violence; Wisconsin has a Center for Studying Poverty, and so on. Perhaps I should announce a personal interest in obtaining a rather large grant to launch my very own favorite: a Center for the Study of Peripheral Problems!

Actually, a neighborhood service center concept has been under development for a long time. A recent publication by HEW, *Neighborhood Service Centers,* describes the development of the concept and asserts that more than eight hundred have been set up in the last few years. In general, these centers share certain purposes and features which, for HEW, constitute the working definition of the neighborhood service center:

1. It provides information and referral services to assist people to use established agencies. In some instances, a reaching-out operation brings "information and referral" to the neighborhood resident in his home or on the street.

2. The center acts as advocate to protect a client's interests and rights with respect to another agency. It may also seek a change in another agency's procedure or policy that will become a precedent for similar situations.

3. Specific services are provided directly to individuals and families. The list varies from project to project and may include one or more of these: legal aid; day care for children; employment counseling; training and job placement; casework; assistance in homemaking; recreation and group work; health services; and help with housing problems.

4. The center organizes and mobilizes groups for collective action on behalf of the residents of the neighborhood. This ranges from facilitating two-way communication between residents and local institutions to assisting groups to confront and challenge those who make decisions affecting conditions and services in their neighborhood.

Two general criticisms also can be made of neighborhood service centers, and HEW notes them as follows:

1. The staff resources of the centers have consistently been inadequate to meet the demands for service from clients.

2. The quantity and quality of the services of other agencies have been inadequate in responding to the demands generated and conveyed to them by the neighborhood centers.

Modern technology and the newer system sciences make it possible to smooth the way for such centers to achieve their objectives more effectively: to overcome some of the deficiencies of staff; to expose more clearly the needs of clients in relation to actual or needed services to provide a basis for community-wide planning of social services; and, finally, to meet the Bureau of the Budget's requirement that such centers try to achieve what it calls "functional integration of programs."

MULTIPROBLEM FAMILIES OR MULTI-AGENCY FAMILIES

Poor families and individuals living in high-hazard urban ghettos tend to have mutliple problems. These problems often require a comprehensive approach. Occasionally, such families and individuals are unaware that aspects of their problems should be defined as "problems" by social agencies and are unaware that agencies exist to assist them in the solution of such problems. Bredemeier pointed this out a number of years ago in his market analysis of social services. Oscar Lewis has documented this phenomenon, as have others. On the other hand, municipal services, both public and private, designed to help families and individuals in solving problems tend to be fragmented and dispersed, permitting agency workers to refer to these families and individuals as "multiproblem" cases. Perhaps, as Dr. Halpert of the National Institute of Mental Health has suggested, such cases should be called "multi-agency families."

Part of the difficulty stems from federal and state legislation which divides funding sources into categories. Such categorization of services and aids, however, should not imply that services should be delivered by category. Such fragmented services not only result in incomplete and partial understanding of problems faced by the poor, but, worse, tend to operate in a way that is ego-

centrifugal. The Department of Community Services in Los Angeles a number of years ago discovered one family whose members were being given service by thirteen different workers. The usual solution to this kind of problem has been to set up a "multiproblem family case conference" with the objective of getting one agency and one worker to accept responsibility for case management. A typically unsolved problem here, however, is the reverse one of getting all the other agencies to relinquish control.

In examining the dynamics of such case conferences, one finds frequently that despite the wealth of case data (some of which is often contradictory), a clear view of the total life space of such families cannot be achieved, nor can the life styles of its members be determined, or the coping behaviors they have developed to deal with the problems presented by their environment. One can imagine a situation in which a delinquent boy on probation is suddenly confronted in his own living room by a welfare worker, a school welfare and attendance officer, and a probation officer, all assigned to provide him service. One can further imagine that it is this lad—by definition under stress and in need of help—who must provide the case integration by introducing these workers to each other. By contrast, following this idea further, one can imagine the head of such a family himself convening a multiproblem case conference and, in fact, chairing it.

NEIGHBORHOOD SERVICE CENTER COORDINATION

A neighborhood service center, variously described as a "client cafeteria," a "one-stop shop," a "supermarket of services," and a "multiservice center," broadly construed, implies that coordination is enhanced and that services are more immediately accessible to clients. It is my feeling that this is not entirely true. Certainly some "social savings" may be expected to result, in that the time the clients spend in waiting rooms, in transportation, and in arranging for baby sitters, time off from their jobs, and so forth, may be somewhat reduced. At the same time, however, workers outstationed in such centers bring with them their own forms,

manuals, procedures, awareness of the limits of their own agency's specific policy, and a remembrance of who signs their pay checks. Coordination may be defined as "cooperation plus accountability." The point here is that placing several agency representatives under one roof does not automatically result in interagency coordination. Further, American social legislation is much too intricate to permit a polyvalent social worker to become sufficiently familiar with all the judgments, decisions, and calculations necessary to bring the total range of community resources to bear on the totality of problems represented by the kind of hard-core families being discussed.

In addition, it must be kept in mind that the federal government is rapidly moving toward development and implementation of the planning, programing, budgeting system of accounting (PPBS). Coming right behind this concept is the development by Daniel Bell's task force of a system of national social indicators. When completed, these two systems will result in a national system of social accounts somewhat analogous to the present national system of economic accounts. The application of this system to the field of public and social welfare seems to indicate that the present term "social services" may give way to the term "social functions." This is based on the assumption that the appropriate focus for the development of a PPBS system for welfare should be in terms of function to the client rather than by categories of service. This implies that the primary job of the intake worker in a neighborhood service center is first to develop an accurate profile of *all* of the client's needs and a clear, nonredundant listing of the client's characteristics.

With the increased use of declarations and affidavits, often completed by the client himself, assisted by a subprofessional worker, it becomes possible to construct a computer program that will read in the client's characteristics data, compare the characteristics with eligibility requirements, and print out a listing of all those publicly supported programs for which he is eligible, together with calculations of the appropriate income-maintenance levels involved in the various grants, training stipends, and so on.

In short, modern technology will permit the average intake
worker to become a polyvalent social worker through the use of
computers.

The computer printouts, however, can go far beyond eligibility
determination alone. They also permit printing out an "employ-
ability index" which would list all the barriers that would need
to be overcome in order to turn an otherwise unemployable per-
son into an employable person. Such listings may be very short
and practical. The client may need a union card, a driver's li-
cense, safety goggles, or a bond. The barriers may be complex and
intangible, involving changes in motivation, skill levels, and ad-
justments in life goals. In addition, such computer programs,
while revealing "inventories of need," may also note that for
certain kinds of needs no social program is available. Welfare
workers are to be forgiven their often justified cynicism, on hear-
ing announcements concerning the opening of new diagnostic
centers, when they are aware that no services exist to which cli-
ents whose needs have been diagnosed may be referred. Computer
programs used in this way, however, permit monthly, quarterly,
or annual reports, arrayed statistically to show the amount, loca-
tion, and kind of unmet need, so that the community may use
these as a rational basis for planning.

Impact on the intake process.—In a curious way such computer-
ized intake tends to reverse the intake process. At the present
time intake workers attempt to gain from the client descriptive
information regarding his characteristics and problems, and then
to determine eligibility, and finally, to provide such counseling
and other social services as may be acceptable to the client. In
computer-assisted intake, the intake worker begins with a list of
all the programs for which the client is eligible, together with a
listing of factors concerning the client's environment, life space,
and life style. The intake worker, therefore, now is faced with a
task involving a fairly high degree of professional skill—that of se-
lecting a sequence of programs which appear to meet the client's
needs. Many of these programs require client acceptance, com-
mitment, and involvement. The intake worker's job, therefore,
also involves helping the client to understand the kinds of se-

quences available, and which patterns are preferable, in order to assist the client in decision-making. Basic education and/or vocational training may require budgeting for baby sitters, assurance of transportation and lunch money, provision for obtaining the appropriate texts, and selection of a place to study other than the home environment. Another sequence might involve housing relocation, assistance in getting children enrolled in new schools, introduction to new community groups, and adjustment to other aspects of the new environment.

Another impact of computer-assisted intake is on the climate of the intake interview. In public welfare this climate frequently has an adversary quality. Computer-assisted intake tends to depersonalize such interviews and thus affords an opportunity to "defuse" the adversary potential of such interviews.

Finally, computer assistance holds great potential for data redundancy reduction. Typically, a client will have to repeat a great deal of the information to each worker representing an agency participating in the neighborhood center program. Once a printout is made available to all such workers, the reason for this redundancy is no longer valid. In the same way, a client who returns to the center at some later time need only give a half dozen items of identifying information to a receptionist who can then query the computer to find out if that client's file is contained in the data base. If it is, the data collection process is reduced to a verification of facts and the addition of changes where indicated. This final point, however, immediately raises the question of privacy and confidentiality of data.

Protection of privacy.—Much work carried on by system analysts and system designers with the Department of Defense is concerned with the protection of classified information. To this group, therefore, the question of privacy is a familiar one, and discussions of it are not carried on in the atmosphere of emotionalism visible in certain other dialogues. In discussing privacy, it should be candidly admitted that no system exists which cannot be broached. In fact, one rule of thumb is that if one human being can create a system design, another human being can figure out a way to penetrate it. The standard procedure for assuring

privacy is to qualify each user of the system in terms of "need-to-know." The need-to-know on the part of workers is determined by identifying those decisions for which the worker is responsible, the information he must have in order to make such decisions, and the information he does not need. Finally, a computer program is developed which gives him appropriate information and denies to him inappropriate information.

Two examples will suffice. What worker needs to know whether a woman client has had several abortions? What worker needs to know whether the client has had two felony convictions? Security procedures to keep such information out of the hands of those who have no need to know usually begin with the computer asking for the identity of the questioner and then internally checking that identity code with codes associated with information. Such checking may be done entirely by machine or may involve a query to supervisory or higher levels.

Basically, security involves an exercise in which one decides how difficult it ought to be made for someone to penetrate the system. Computerized files, by the way, are far more difficult to penetrate than manual files. An off-duty policeman may be paid by an employer or group of employers to search police files for arrest records of potential employees. It is much more difficult for him to figure out how to command a machine to disgorge such files. In fact, a centralized index of juvenile offenders that has been put completely on tape is installed in a state that requires that an individual's record be abolished when he reaches eighteen, if he has not had further involvement with the law. In this particular system a procedure has been built into the program so that periodically the machine is given the present date and told to erase those portions of the tape that contain records of juveniles who have turned eighteen. Since this procedure is automatic, successfully tampering with it becomes a challenge even for a first-rate programer.

Client identification.—In at least one installation having to do with medical cases, a by-product of the intake interview has been the production of charge-a-plates. When a client sees a physician, the doctor's billing clerk imprints the charge-a-plate on the iden-

tifying voucher. The client gives the charge-a-plate to the local druggist, receives the prescription, and again his charge-a-plate is imprinted on the vendor voucher. When received by the funding agency, the record loop is complete. In the same way, clients can proffer such charge-a-plates at the point of entry of any program operated through the neighborhood service center. This system is too new, however, to be able to determine how clients will employ such cards; that is, whether the cards will be lost, sold, stolen.

Recording natural language.—Caseworkers often place information into case records in natural language form. A system called Extension Zero has been installed in one setting. Let us assume the caseworker has learned that a client's father has died and that the client is suffering grief trauma. The worker dials zero on his desk telephone; a coder at the other end discusses with the worker how to compress this information in order to limit the redundancy inherent in the English language, and perhaps punches a phrase into the system such as "grief trauma, father." The next time the case record is reviewed that phrase will appear in the printout. It may also be noted that after such review the printout could be thrown away rather than filed in a duplicative set of paper files.

SOCIAL DATA BANKS

The concept of social accounting requires, in turn, development of social data banks. Such data banks probably will be computerized versions of the old concept of social service community case registries, only about a hundred of which are still in existence. What has been said so far about automated intake, computerized files, and multiple eligibility determination suggests the revival and construction of social data banks using the neighborhood service center as a strategic point of entry. An added refinement, however, would be to unite this concept with the current notion of urban data banks. The chief differences between the two are that social data banks essentially are "people files," while the usual proposal for an urban data bank is a "thing file."

The Department of Housing and Urban Development has sponsored experimentation with the latter type. They generally begin with entering the lot and parcel number of pieces of real estate as primary or dominant files, and then linking various property characteristic data to such numbers. The implications of such files for physical planning are vast. Amounts and rates of land development, property deterioration, assessed valuations, land use, transportation planning, and other factors could be used for community renewal, model city programs, and regional development. The corporation with which I am associated has participated in some of the pioneer efforts in this regard. I suggest that "people files" and "thing files" can be associated in ways which would unite social with physical planning, using both kinds of data. The resulting system, which might be called a "community data bank," could link together programs of comprehensive human resources development with programs of economic development. The system I am proposing does not yet exist. If ever it were to become a reality, it would have so many users and so many levels of confidentiality that it probably would be viewed as a new kind of public utility operated under a new type of corporate non-profit auspice.

The citizen as user.—Dr. Roger Lind pointed out recently that as welfare recipients become organized and vocal, one of their early demands is to have the welfare rules and regulations made available to them. Predictably, welfare agencies respond defensively by saying that such rules and regulations are compendious, complex, and unclear to the recipients; moreover, they exist in such a large set of manuals that to furnish a complete set would be inordinately expensive. However, with the development of computer time-sharing, it becomes possible for a remote terminal to be placed in the neighborhood service center so that, in effect, potential applicants could query the computer in order to determine their own eligibility.

If a community computer has united both physical and social files, one can even envisage a remote terminal (undoubtedly installed in the lobby of the mayor's office) to which any citizen could come and ask for any nonprivileged data acquired by the

city. A favorite example is the citizen who is thinking about buying a piece of property; he feeds the lot and parcel number into the computer, and asks it for information known by the city about that specific piece of land. The reply might look something like this:

*/ LOT 70 SECTION 38 LOCATED 2460 ELM ST—75 FT WIDE AND 110 FT DEEP—UTILITY SERVICES AVAILABLE—WATER, GAS, SEWERS, ELECTRIC POWER—ASSESSED VALUATION—$10,000 ZONING R2

OWNER—BANK OF AMERICA

// LEVEL BUT TENDS TO FLOOD IN SPRING

// EASEMENT GRANTED TO TELEPHONE CO

// UNAFFECTED BY PLANNED SUBWAY $$

A COMPREHENSIVE SYSTEM OF SERVICES

Kahn's *Planning Community Services for Children in Trouble* [1] was published in 1963. In the epilogue he called for the design of a comprehensive system of community services, and pointed out that such a system did not yet exist. So far as I am aware, such a system still does not exist. Although we have come a long way in clarifying the concepts of human capital investment, of social service decision-making, and of benefit/cost ratios, there can never be a comprehensive system until these concepts are integrated and made adaptable to human urban ecology.

In conclusion, let us pose the question: What would the response include if a citizen queried the people file for information in the social data bank about himself and his family?

[1] Alfred J. Kahn, *Planning Community Services for Children in Trouble* (New York: Columbia University Press, 1963).

Index

Other Volumes from the 94th Annual Forum

Papers presented at the 94th Annual Forum may also be found in *The Social Welfare Forum, 1967* and *Social Welfare and Urban Problems*, both published by Columbia University Press.